Government of Saskatchewan

# Annual Report 1987-88

## Saskatchewan Health Medical Care Insurance Branch

89-02804/

# Saskatchewan Health
# Medical Care
# Insurance Branch*

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3475 Albert Street
Regina, Saskatchewan
S4S 6X6

# Annual Report
# For the Year
# Ending March 31, 1988

* Amendments to the Medical Care Insurance Act, effective January 1, 1988 disestablished the Medical Care Insurance Commission and transferred responsibility for administration of the Medical Care Insurance Plan directly to the Minister of Health through the Medical Care Insurance Branch.

ISSN 0080-6544

# Table of Contents


| Page | |
|---|---|
| 5 | The Plan in Brief |
| 6 | 1987-88 Highlights |
| 6 | **The Saskatchewan Medical Care Insurance Plan** |
| 8 | Introduction |
| 8 | Administration of the Plan |
| 9 | Source of Funds |
| 9 | Eligibility for Benefits |
| 10 | Insured Services and Exclusions |
| 11 | Methods of Payment |
| 12 | Rates of Payment for Insured Services |
| 13 | Claims Processing System |
| 14 | Professional Review of Services |
| 14 | Swift Current Health Region |
| 14 | Medical Care Research |
| 14 | Supplementary Health Program |
| 16 | **Financial Statements** |
| 16 | Receipts and Payments |
| 17 | Administration Payments |

| Page | | |
|---|---|---|
| | **Statistical Tables and Section of Graphs** | |
| 19 | **Introductory Notes** | |
| 21 | **Section of Graphs (Figure Nos. 1 to 4)** | |
| | **Table Number:** | |
| 25 | 1 | Summary of Receipts and Payments |
| 25 | 2 | Analysis of Per Cent Change in Annual Gross Payments |
| 26 | 3 | Adjustments and Recoveries by the Medical Care Insurance Branch |
| 26 | 4 | Volume of Claims Compared to Number of MCIB Staff |
| 26 | 5 | Claims Received by Method of Billing |
| 27 | 6 | Services and Payments by Age and Sex of Beneficiaries |
| 28 | 7 | Beneficiaries, Payments and Services by Dollar Value of Benefits |
| 29 | 8 | Physician Services and Payments by Age and Sex |
| 30 | 9 | Services by Type of Service |
| 31 | 10 | Payments by Type of Service |
| 32 | 11 | Average Payment Per Service by Type of Service and Type of Practitioner |
| 33 | 12 | Per Cent of Services and Payments by Type of Service |
| 34 | 13 | Resident Physician Services by Type of Service and Type of Practitioner |
| 36 | 14 | Patients, Services and Payments for Selected Procedures |
| 37 | 15 | Patients, Services and Payments for Selected Conditions |
| 38 | 16 | Turnover of Physicians |
| 39 | 17 | Practitioners in Relation to Population and Practice Size |
| 40 | 18 | Practitioners by Size of Practice |
| 41 | 19 | Practitioners by Range of Patient Contacts |
| 42 | 20 | Practitioners by Place of Graduation |
| 43 | 21 | Practitioners by Age Group |
| 44 | 22 | Average Payment (000's) Per Resident Practitioner by Specialty and Range of Paid Amount |
| 46 | 23 | Average Payment Per Practitioner by Specialty, 1982-83 to 1987-88 |
| 47 | 24 | Physician Payments by Specialty Group |

**Department of Health**

**To The Honourable Sylvia Fedoruk**
**Lieutenant Governor of Saskatchewan**

May It Please Your Honour:

I beg to present herewith, for your consideration, the annual report of the Medical Care Insurance Branch for the fiscal year 1987-88.

Respectfully submitted,

**George McLeod**
**Minister of Health**

**Department of Health**

**To The Honourable George McLeod**
**Minister of Health**

Sir:

I have the honour to forward herewith the annual report of the Medical Care Insurance Branch for the fiscal year 1987-88.

Respectfully submitted,

**Stan Sojonky**
**Deputy Minister of Health**

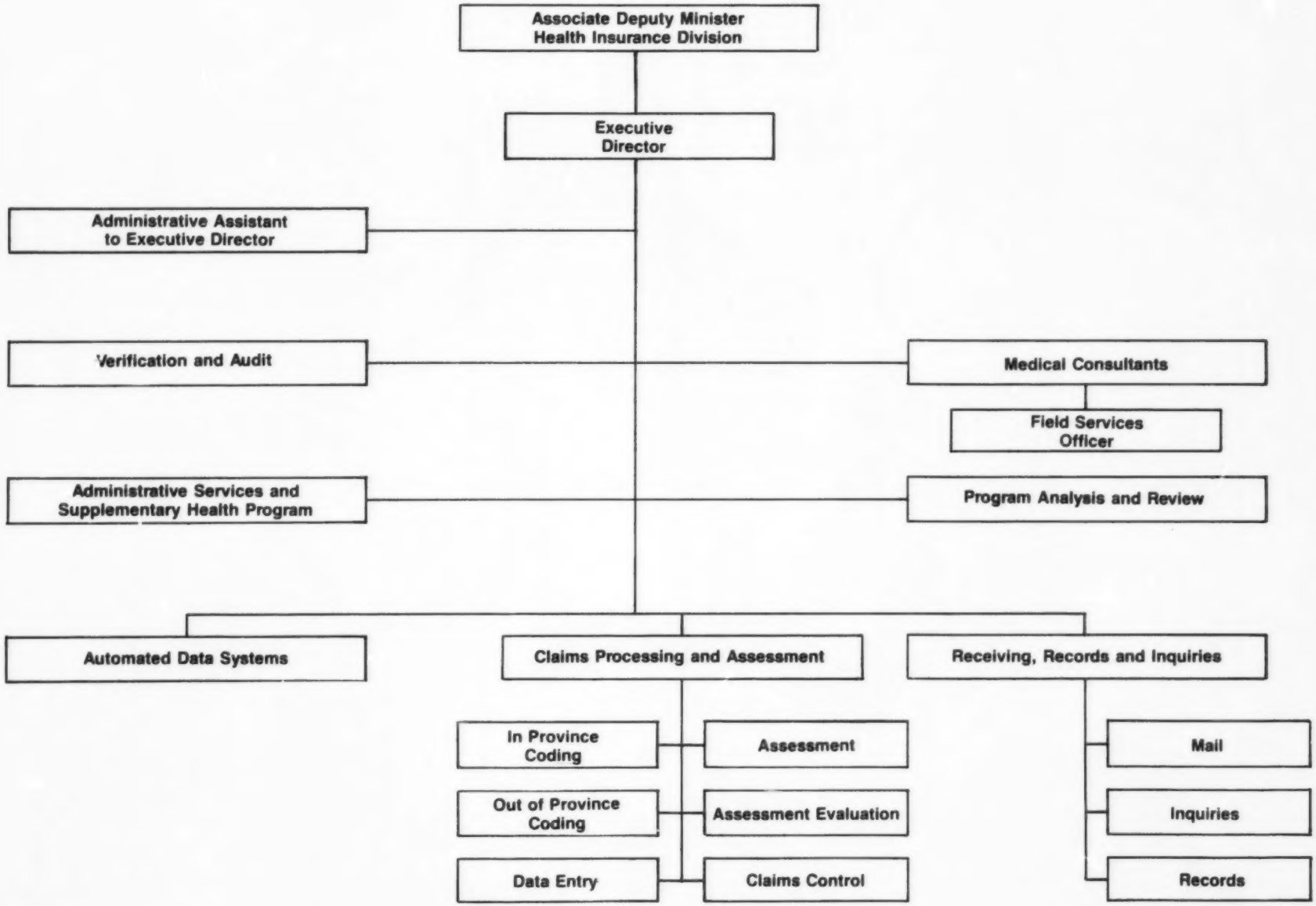
# The Plan in Brief

| Page | | |
|---|---|---|
| 10 | Comprehensive | Most services by physicians, eye examinations by optometrists, visit and x-ray services by chiropractors and some dental services are insured for all eligible residents. |
| 8 | Administration | Administration of the Plan changed on January 1, 1988 from a Commission to a Branch of the Department of Health. |
| 9 | Simple Eligibility Requirements | New residents of the Province are required to register and are provided with benefits from the first day of the third month following the date they establish residence in the province. |
| — | No Restrictions Due to Pre-existing Conditions | No matter what previous health problems existed, a beneficiary is entitled to all insured services. |
| — | Free Choice by Patient | A beneficiary may select any physician, optometrist or chiropractor desired. |
| — | Provider of Service has Free Choice | The Plan does not prevent a physician, optometrist or chiropractor from accepting or declining any patient. |
| 12 | Coverage Anywhere in the World Without Prior Approval of the Plan | Payment is generally made at Saskatchewan rates. |
| 9 | Immediate Coverage for Certain Special Residents | Certain special residents qualify for coverage immediately on arrival in Saskatchewan. |
| 11 | No Authorized Extra Charge | A provider of service may not knowingly extra bill for insured services. |
| 11 | Physician has Choices of Billing | A physician may bill the Plan directly or bill the patient who may send the account to the Plan. |
| 9 | Financial Support of Plan | The Plan is supported by general revenues to which contributions are made to the Province under the Federal-Provincial Fiscal Arrangements and Established Programs Financing Act, 1977. No premiums are levied. |

# 1987-88 Highlights

| | |
|---|---|
| 8 | Amendments to the Medical Care Insurance Act, effective January 1, 1988 disestablished the Medical Care Insurance Commission and transferred responsibility for administration of the Medical Care Insurance Plan directly to the Minister of Health through the Medical Care Insurance Branch. |
| 26, 30 | The number of claims received for processing in 1987-88 totalled more than 8.3 million, involving 13.2 million services. |
| 16 | Benefits paid for insured services totalled $214,351,000, a 2.3% increase over 1986-87 payments. |
| 28, 33 | 86.5% of beneficiaries received benefits for physician services under the Plan in 1987-88 accounting for 91.5% of the total Plan payments. 19.5% of beneficiaries received benefits for optometrist services, accounting for 3.1% of total payments, and 10.8% received benefits for chiropractor services, accounting for 4.9% of payments. The remaining 0.5% of payments were for dental services. |
| 39, 46 | The number of active physicians in Saskatchewan increased from 1,132 in 1986-87 to 1,186 in 1987-88, including 15 additional specialists and 39 additional family practitioners. At the same time, the average payments to active physicians dropped from $158,700 to $155,300. More specifically, family practitioner payments fell from $135,600 to $129,800, while specialist payments increased from $202,200 to $203,900. |
| 39, 46 | The number of active optometrists stayed constant between 1986-87 and 1987-88, with average payments rising from $66,000 to $72,000. |
| 39, 46 | The number of active chiropractors increased from 89 in 1986-87 to 96 in 1987-88, with average payments decreasing from $108,400 to $105,600. |

## Organization of the Medical Care Insurance Branch, Saskatchewan Health



# The Saskatchewan Medical Care Insurance Plan

## Introduction

The Medical Care Insurance Plan, inaugurated on July 1, 1962 under the Saskatchewan Medical Care Insurance Act 1961, provides insurance coverage to Saskatchewan residents for a wide range of services provided by physicians, by chiropractors and by optometrists, as well as a limited range of dental services.

The Plan is financed by an appropriation made by the Legislature from the Consolidated Fund to which contributions are made by the Federal government under the Federal-Provincial Fiscal Arrangements and Established Programs Financing Act, 1977. No premiums are levied.

The fiscal year for reporting covers the period April 1 to March 31. Transactions are recorded on a cash rather than an accrual basis. Thus, the payments and receipts reported in the financial statements are those actually paid or received from April 1 to March 31.

Newcomers to the Province are generally eligible for benefits from the first day of the third month following the date they establish residence in the Province. Eligibility is solely dependent upon registration. All beneficiaries under the Plan receive the same coverage regardless of age or state of health.

## Administration of the Plan

From its inception in 1962 until December 31, 1987 the Medical Care Insurance Plan was administered by a Commission, consisting of not less than seven nor more than eleven members, responsible to the Minister of Health.

Effective January 1, 1988 the Commission was disestablished and the responsibility for administering the Plan was transferred directly to the Minister of Health. The general responsibilities, as outlined in the Act, are the establishment and administration of a plan of medical care insurance for the residents of the Province. This includes:

- all issues pertaining to the nature and range of benefits administered by the Plan, as well as those matters having fiscal implications.
- all matters governing arrangements to pay for insured services, rates of payment to providers of services, methods of payment and assessment of accounts.

The administrative activities of the Plan have been integrated into the Medical Care Insurance Branch, Department of Health.

The organization chart on page 7 reflects the dedication of the Medical Care Insurance Branch (MCIB) to a program that blends efficient processing of claims with economical use of resources, so that by far the major part of total funds allocated to the MCIB is spent in providing benefits for insured services.

**The Executive Director** — is responsible to the Minister of Health, through the Associate Deputy Minister, Health Insurance Division, for the overall administration of the Medical Care Insurance Plan.

**The Administrative Assistant to the Executive Director** — is responsible for the review of legislation and regulations and performs the function of secretariat for a number of committees, both internal and those involving discussions with representatives of other health agencies and practitioner associations.

**Verification and Audit** — the Director and staff are responsible for routine and special verification of claims and audit programs. Reports on verification responses and various audit matters are prepared for review by the Joint Professional Review Committees.

**The Medical Consultants** — provide an essential insight into clinical and medical aspects of internal committee discussions in addition to those involving other health organizations and agencies. Their expertise is vital to the development, formulation and continued monitoring of criteria for the assessment of claims. They provide guidance through consultative services in respect of difficult or complex claims. The consultants assist physicians in the field and their office staffs concerning the schedule of benefits, billing and claims assessment.

**The Field Services Officer** — travels throughout the Province to physicians who have direct payment agreements with the MCIB and to other practitioners on request. This personal service for physicians and their office staff provides a means whereby problems with claims can be sorted out on the spot or brought back to MCIB for resolution through discussion with one of the medical consultants.

**Administrative Services and Supplementary Health Program** — the Director and staff are responsible for making benefit payments to practitioners and to beneficiaries under the Medical Care Insurance Plan, and for administering the Supplementary Health Program. Other responsibilities include liaison with the Department of Health's Finance and Administration Branch and Human Resources Branch on budget, personnel and supply matters.

**Receiving, Records and Inquiries** — the Director and a staff of 15 are responsible for the MCIB's mail services involving, incoming and outgoing, approximately 800 packets per day; management of claims records numbering in the millions; responses to some 600 inquiries per week from the public, practitioners and their office staff.

**Claims Processing and Assessment** — the Director and a staff of 86 are responsible for the screening, coding and other preparation of claims for computer processing. In 1987-88 more than 8.3 million claims were received for processing.

The staff who scan, check and code some 32,000 claims each day provide an indispensable and crucial first step towards an efficient end product. When the first phase is completed, the details on the claims are transferred (from key to disk) to magnetic tape for high speed processing with past and present file information, numerous checks and assessment rules.

The effective processing of the large volume of claims depends on the skills and dedication of key-edit staff to assure the integrity of data being passed to the computer.

Complex and multi-faceted claims are separated from the main stream for handling by an assessment team with special training and knowledge for this task. A further category of the most difficult claims requires particular consideration by the Medical Consultants. Assessment staff also participate in the development of assessment policies and evaluation of computer assessment rules.

**Automated Data Systems** — established to provide greater impetus and cohesion to responsibilities for the operation of electronic and automated systems, this team of program and systems analysts is responsible for the operation of the MCIB's internal network of computer facilities and word processor equipment. In addition, the section co-ordinates MCIB requirements in relation to the contractual services obtained from Westbridge Computer Corporation. These contractual services include the use of Westbridge computer time and the maintenance of computer programs.

**Program Analysis and Review** — the Director and staff are responsible for statistical studies into trends in the utilization of services and their associated costs. Studies are based on data available from the MCIB's operation and from information interchange with other organizations in the health field.

Statistical information is made available to the Colleges and Associations of the various practitioners whose services are covered under the Medical Care Insurance Plan, as well as to outside researchers.

In addition, major responsibilities include continuing analysis and review of the MCIB's schedules of benefits, and participation in committees involved with health care information at the provincial and inter-provincial levels.

## Source of Funds

Funds for covering the cost of operating the Medical Care Insurance Plan are obtained from the general revenues of the Province, which are appropriated by the Legislature on an April to March fiscal year basis.

The Federal Government contributes funds for health care expenditures through cost sharing programs. Effective April 1, 1977 the cost sharing arrangement which existed under the terms of the Federal Medical Care Act was discontinued. That arrangement was replaced by funds being made available to the Province through the federal government's Federal-Provincial Fiscal Arrangements and Established Programs Financing Act, 1977, by means of: (a) a transfer of income tax points; (b) a cash contribution.

## Eligibility for Benefits

Eligibility for benefits for residents is solely dependent upon registration. No premiums are levied.

Unmarried dependants under the age of 18 should be registered on the family Health Services Card. Persons 18 years of age are issued a separate Health Services Card at the start of the month following that which they reach 18 years of age.

Newcomers to Saskatchewan are required to register unless they are covered under other provincial or federal programs.

Registration of beneficiaries is carried out by Health Insurance Registration, Information Systems Branch, Saskatchewan Health.

Except for "Special Residents", new residents of Saskatchewan are provided with benefits from the first day of the third month following the date they establish residence in the Province.

### Special Residents

The term "Special Resident" includes:

- a landed immigrant
- a discharged member of the Canadian Forces
- a returning spouse of a member of the Canadian Forces
- a returning Canadian citizen
- a returning resident
- certain persons in Canada in connection with their trade or profession who hold a Canadian Immigration Employment Authorization.

Special residents who establish residence in Saskatchewan on or before the first day of the third calendar month after their arrival in Canada receive coverage from the date they established residence in Saskatchewan.

**Excluded Residents**

The following residents are entitled to receive medical care under Federal programs and are excluded from MCIB coverage:

- members of the Canadian Forces
- Royal Canadian Mounted Police
- inmates of Federal Penitentiaries.

However, their spouses and dependants resident in Saskatchewan are eligible for coverage.

**Beneficiaries Leaving the Province**

**1. Establishing residence outside the Province**

Beneficiaries leaving the Province are eligible under the Medical Care Insurance Plan for the rest of the month in which they take up new residence outside Saskatchewan plus the following two complete months.

**2. Temporarily absent from the Province**

Permanent residents remain insured during their absence provided they spend a minimum of four months each year in the Province. In certain circumstances, residents remain insured while absent for up to one year provided they intend to return to live in Saskatchewan. Persons who enter employment contracts for work outside of Canada not exceeding 24 months may be eligible for benefits for the entire period of employment. Saskatchewan students who leave the Province for full time attendance at an educational institution and who intend to return to reside in Saskatchewan upon completion of their studies are eligible for benefits for the duration of the studies outside of Saskatchewan.

## Insured Services and Exclusions

**Insured Services**

Subject to the exclusions detailed later in this section, the following services are insured:

**Physician Services**

**Medical Services** — The diagnosis and treatment by a physician of all medical disabilities and conditions.

**Surgical Services** — Surgical procedures by a physician including diagnosis, pre- and post-operative care and the services of physician surgical assistants when required.

**Maternity Services** — Care during pregnancy and delivery, and after care of the mother and child by a physician.

**Anaesthesia** — The administration of anaesthetics by a physician including:

- anaesthesia for diagnostic, surgical and other procedures
- obstetrical anaesthesia
- dental anaesthesia in hospital
- dental anaesthesia out of hospital when rendered by a physician who is a specialist in anaesthesia.

**Diagnostic Services — In Hospital**

- diagnostic services other than x-ray or laboratory services or services involving a tracing.

**Diagnostic Services — Out of Hospital**

- x-ray services, including interpretations, provided by a specialist in radiology
- laboratory services, including interpretations, provided by a specialist in pathology
- an approved list of laboratory services provided by a physician other than a pathologist
- other diagnostic services provided by a physician.

**Preventative Medical Services** — Immunization services where not available through any government or municipal agency; examination and report for adoptions for both child and parents; examination and report for persons becoming foster parents; a routine physical examination by a physician but not including an examination for the purpose of insurance, employment, vehicle seatbelt exemptions or at the request of a third party.

**Refractions** — Eye examinations to determine refractive error.

**Optometric Services**

**Routine and Partial Eye Examinations** — Unless special medical factors are present, the frequency of examinations to determine refractive error is limited to one in any 24-month period for beneficiaries aged 18 to 64. Beneficiaries of all other ages are eligible for a routine eye examination once every 12 months.

**Tonometry** — The measuring of intraocular pressure is an insured service when it is provided during a routine eye examination to beneficiaries 40 years of age or more.

### Dental Services

Services in connection with maxillo-facial surgery required to treat a condition caused by an accident.

Certain services in connection with abnormalities of the mouth and surrounding structures.

Services for the orthodontic care of cleft palate upon referral to a dentist by a physician or another dentist.

Certain x-ray services when provided by a dentist who is a specialist in oral surgery.

Extraction of teeth medically required for the provision of:

- heart surgery,
- services for chronic renal disease, or
- services for total joint replacement by prosthesis,

where the beneficiary was referred to a dentist by a specialist in the surgical field and where prior approval of the MCIB is received.

### Chiropractic Services

Chiropractic visit and x-ray services.

### Out-of-Province Services

Most services insured in Saskatchewan are insured outside the province.

### Exclusions

The following services are not insured:

**Health services received under other public programs including**: The Hospital Services Plan, The Workers' Compensation Act, The Mental Health Act.

**Diagnosis and treatment of cancer** — all services for the diagnosis and treatment of cancer, except for certain diagnostic services provided by a physician prior to referral to a Cancer Clinic. Diagnostic and treatment services for cancer are provided under The Cancer Foundation Act to residents registered with a Saskatchewan Cancer Clinic.

**The following physician services are excluded**:

- travelling
- advice by telephone
- surgery for cosmetic purposes
- any mental or physical examination for the purpose of employment, insurance, judicial proceedings, vehicle seatbelt exemptions or at the request of a third party.

**The following additional services are excluded under the Medical Care Insurance Plan**:

- ambulance services and other forms of transportation of patients
- services provided by special duty nurses
- services provided by chiropodists, podiatrists, naturopaths or osteopaths
- dentistry, except as described under Insured Services — Dental Services
- drugs
- appliances (e.g. eye glasses, artificial limbs).

## Methods of Payment

### Fee-For-Service Payment

The Medical Care Insurance Branch makes fee-for-service payment by the following methods:

**Direct Payment to Practitioner** — The practitioner may submit the account directly to the MCIB, which makes payment to the practitioner.

**Payment to Patient** — The practitioner must provide an itemized account in order for the patient to obtain payment from the MCIB. The patient can send the account to the MCIB or the practitioner can send it for the patient. The practitioner must provide the itemized account before asking for, demanding or accepting payment from the patient for the service. The MCIB makes payment to the patient who is responsible for paying the practitioner's account.

**Payment through Approved Health Agency** — Until January 1, 1988, if beneficiary and physician were members of the same approved health agency (Group Medical Services or Medical Services Incorporated) the physician could submit his account via the agency. The MCIB would make payment to the agency which in turn made payment to the physician. Effective January 1, Group Medical Services and Medical Services Incorporated no longer act as approved billing agencies for the Medical Care Insurance Branch.

### Contract Payment

As an alternative to fee-for-service payment, the MCIB may make arrangements with a practitioner or a group of practitioners for payment on a contractual basis. An agreement is entered into with the MCIB prior to services being provided whereby the practitioner is paid a sessional rate plus expenses for travel and sustenance. The practitioner agrees to report the services provided.

### Payment Under Global System

A global system of payment has been employed since 1972 for services provided at community clinics. In 1987-88 community clinics were in operation at Regina, Saskatoon, Prince Albert and Wynyard. Among elements involved in the annual budget's determination are the total number of patients treated, the number of services performed and the number of practitioners in the clinic. Payments on the basis of the budget are made to the Community Health Associations by the Hospital Services Branch, the agency handling this type of budget operation.

### Practising Entirely Outside the Plan

A physician, optometrist, chiropractor or dentist may practise entirely outside the Medical Care Insurance Plan conditional upon:

(a) the practitioner practising entirely outside the Medical Care Insurance Plan for all patients and for all services; and

(b) access to insured services is not jeopardized; and

(c) prior to providing a service, the practitioner advises the patient that the service is not insured and the patient is not entitled to payment from MCIB and the patient agrees to such an arrangement.

## Rates of Payment for Insured Services

### Physician Services

Payment for physician services is made on the basis of the MCIB's Payment Schedule and in accordance with its assessment rules. The Payment Schedule lists rates of payment agreed to by the Saskatchewan Medical Association and the Department of Health through annual negotiations.

### Specialist Services

Except for surgical and certain other special procedures, payment for specialist services is based on the unreferred rate when the beneficiary is not referred to the specialist.

### Optometric Services

Payment for eye examinations when provided by optometrists is made on the basis of the MCIB's Payment Schedule and in accordance with its assessment rules. The Payment Schedule lists rates of payment agreed to by the Saskatchewan Association of Optometrists and the Department of Health.

### Chiropractic Services

Payment for chiropractic visit and x-ray services is made on the basis of the MCIB's Payment Schedule and in accordance with its assessment rules. The Payment Schedule lists rates of payment agreed to by the Chiropractors' Association of Saskatchewan and the Department of Health.

### Out-of-Province Services

Payment is normally limited to the amount payable in Saskatchewan. The cost of medical services in other North American communities is sometimes considerably higher than in Saskatchewan. The beneficiary is responsible for payment of the difference between the full amount charged and the amount payable by the MCIB.

If a beneficiary requires services not available in Saskatchewan, the service may be eligible for special out-of-province coverage where a specialist physician in the Province notifies the MCIB prior to the service being provided, and the MCIB agrees that the required service is not available in Saskatchewan. Payment may be made at one of the following rates:

(a) the rate payable in the province in Canada where the service is provided;

(b) at the Saskatchewan rate where the service is available in Canada but the beneficiary chooses to have the service provided outside Canada;

(c) at a fair and reasonable fee charged in a place outside Canada if the service is not available in Canada.

**Beneficiaries who travel outside Saskatchewan, particularly outside Canada, are strongly advised to take out additional insurance as a safeguard against the high cost of medical and hospital care in some areas.**

## Claims Processing System

1. Claims are received (average of 161,000 per week) from physicians, optometrists, chiropractors, dentists and patients.

2. The claims control section accumulates all input data and submits the tape for computer processing on a weekly basis.

3. The computer subjects each claim to a series of tests to determine the validity of the claim data.

4. (a) The Health Information Registration File, a file containing a complete record of all registered Saskatchewan beneficiaries, is used to check the identity and eligibility of the patient.

   (b) Certain claims are temporarily retained in the system for processing in a subsequent cycle, e.g. the claim indicates an old health services card number for a beneficiary who has been assigned a new number.

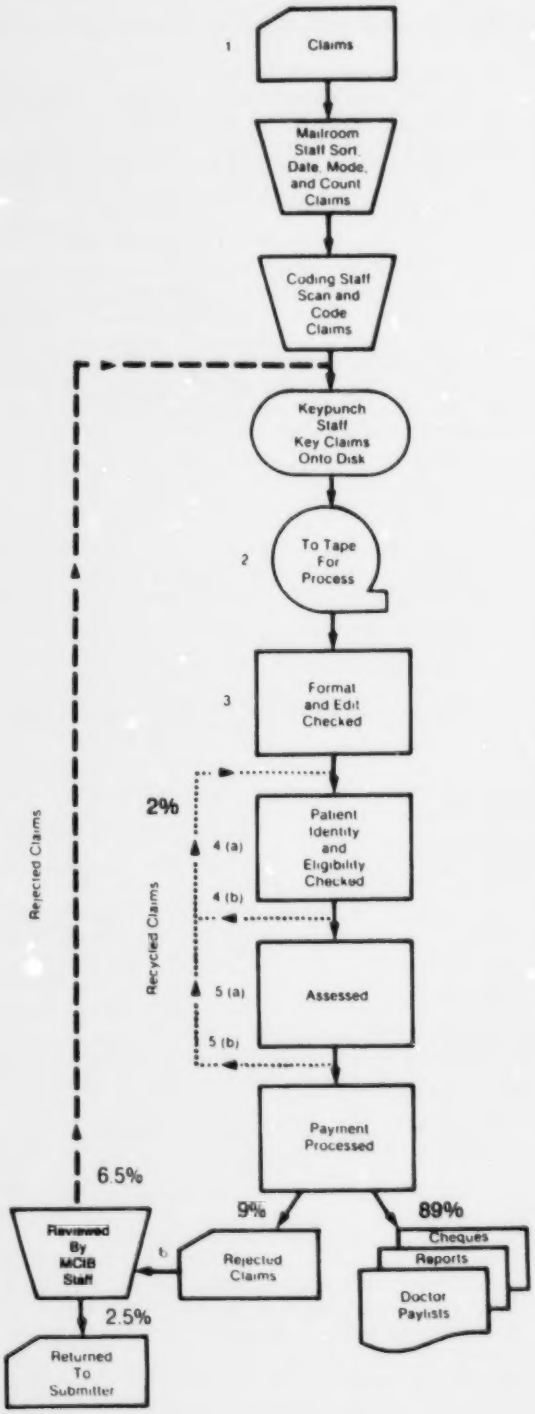
5. (a) The Patient History File (PHF), a file containing a history of paid services, is used to determine whether the services on the claim should be accepted, rejected or adjusted.

   (b) Claims with a date of service 6 months or more prior to the date of receipt, e.g. accepted because of special circumstances, are assessed once a month against the entire PHF.

6. All rejected claims are reviewed by the MCIB staff. The rejected claims are either corrected or returned to the sender for additional information.

In lieu of manually submitted claims the MCIB may enter into an agreement with clinics for automated claim submissions.

Clinics considering the implementation of automated submission of claim systems are urged to contact the MCIB prior to purchase of the equipment to ensure compatibility with the MCIB's claims processing system.



## Professional Review of Services

The Joint Professional Review Committee consisting of two representatives from each of the College of Physicians and Surgeons of Saskatchewan, the Saskatchewan Medical Association and the Medical Care Insurance Branch was established in the early part of 1979. The Committee studies the billing and practice patterns of physicians in the Province and makes recommendations to the College, the Association or the MCIB. Some of the aspects of the recommendations of the Committee involve questionable billing or recurring errors in billing by a physician, medical practices having unusually high volumes of services or indications of a high rate of disagreement between beneficiaries receiving insured services and the physician providing the services, as illustrated by the MCIB's verification program. As a consequence of the recommendations, the College may take disciplinary action against a physician or the MCIB may take monetary action.

The Joint Optometric Professional Review Committee consisting of three representatives from the Saskatchewan Association of Optometrists and two representatives from the Medical Care Insurance Branch was established in 1982. The committee reviews the billing and practice patterns of optometrists and makes recommendations regarding these matters to the Association or the MCIB.

The Joint Chiropractic Professional Review Committee consisting of three representatives from the Chiropractors' Association of Saskatchewan and two representatives from the Medical Care Insurance Branch was established in 1987. The Committee reviews the billing and practice patterns of chiropractors and may make recommendations regarding these matters to the Association or to the MCIB.

Changes to the Medical Care Insurance Act, effective January 1, 1988 will result in some changes to the structure of Professional Review in the future.

## Swift Current Health Region

Swift Current Health Region, organized in 1945 as the Province's first health region, embraces an area of 15,000 square miles in the southwest corner of Saskatchewan. Through agreements with physicians in the area, the Region has administered a medical care plan for its residents since 1946 under The Health Services Act.

With the inauguration of province-wide medical care insurance in July, 1962, the regional program continued under contractual arrangement between the Region Board and the Medical Care Insurance Commission.

At the close of 1980, the Commission and the Board of the Swift Current Health Region agreed upon a new claims processing arrangement whereby, effective April 1, 1981, the Commission assumed the responsibility for processing claims for insured physician services provided on or after April 1, 1981 to residents of the Swift Current Health Region. Physicians practising in the Swift Current Health Region could send their accounts directly to the Region or to the Commission. Effective January 1, 1988 the administrative agreement for the processing of claims was terminated. All physicians are now required to submit their claims directly to the MCIB for payment.

## Medical Care Research

From time to time the MCIB assists researchers in carrying out various health care related studies by providing statistical data on insured services. Some of the studies with which the MCIB has assisted in the past include: development of a data base on alcoholism or alcohol related diagnoses; survival of kidney transplant cases; incidence of rubella; diagnosis and treatment of diabetes; the prevalence of hypertension and ischemic heart disease in relation to diabetes.

The MCIB's assistance with such studies is conditional on a number of criteria, for example, no information is released which identifies persons; the confidentiality of the providers and recipients of insured services must be safeguarded; researchers must agree to bear the cost of retrieval or extraction of the data requested; researchers must agree to make available to the MCIB for review and comment prior to publication any material emanating from the data released to them. Application forms for use in requesting statistical data are available from the MCIB.

## Supplementary Health Program

The Supplementary Health Program provides for payment of accounts for non-insured health services to people who Saskatchewan Social Services nominates for coverage. Responsibility for the Supplementary Health Program was transferred from the Medical Services Division of Saskatchewan Health to the Medical Care Insurance Commission effective September 1, 1987.

Beneficiary classifications under the Program include Saskatchewan Assistance Plan beneficiaries, government wards, inmates of correctional institutions, and non-recipients of social assistance benefits 65 years and older who are in Level 2, 3 or 4 special-care homes or long-term hospital care and whose income is at or below the Saskatchewan Income Plan level.

**Benefits**

Beneficiaries are provided with a Health Services Card and a supplementary health card. The Health Services Card entitles beneficiaries to all benefits of the universal health programs.

The supplementary health card further entitles beneficiaries to the following comprehensive range of non-insured services.

**Medical Services**

The Supplementary Health Program pays for non-insured third-party medical examinations requested by Saskatchewan Social Services. These examinations are to determine level of required nursing care, rehabilitation potential or employability.

**Dental Services**

Coverage includes preventative, restorative, exodontic, orthodontic and prosthetic dentistry but does not include payment for services that are available to children under the Children's Dental Program. Payments are made on the basis of a schedule negotiated with the College of Dental Surgeons of Saskatchewan.

**Drug and Appliance Services**

Three plans provide Supplementary Health Program drug benefits.

Plan One — All beneficiaries may obtain the following prescribed drugs without charge: insulin, oral hypoglycemics, injectable vitamin B12, birth control pills, allergenic extracts and products used in megavitamin therapy. All formulary drugs are made available to Plan One beneficiaries at a reduced prescription charge.

Plan Two — In addition to the benefits under Plan One, the beneficiary may receive, without charge, any prescribed drug on the Saskatchewan Prescription Drug Plan formulary. All persons under 18, rehabilitation cases, unmarried mothers, transients and individuals with unusually high drug requirements are eligible for Plan Two.

Plan Three — In addition to the benefits under Plans One and Two, the beneficiary may receive most non-formulary drugs without charge. This coverage is granted to residents in nursing and approved community homes, child wards and provincial correctional centre inmates.

The Supplementary Health Program pays the full cost of most medical supplies and appliances prescribed by a physician which are not benefits under the SAIL Plan.

**Optical Services**

The Supplementary Health Program pays for eyeglasses on behalf of eligible beneficiaries whether provided by an optometrist or ophthalmic dispensary. Payment is made on the basis of laboratory costs plus a dispensing fee. Repairs and dispensing fees are paid according to negotiated payment schedules and there is an upper limit on the amount paid for eyeglass frames.

**Medical Transportation**

Benefits include coverage for emergency medical transportation by road ambulance and the Saskatchewan Government air ambulance service. On April 1, 1986, payment responsibility for the universal component of the northern Medivac Program was transferred from the Northern Health Services Branch to the Supplementary Health Program. Additional coverage is provided to clients in northern Saskatchewan in the form of long-distance medically related transportation by other types of commercial carrier subject to pre-authorization by local health personnel.

**Supplementary Health Program Beneficiaries and Cost* of Services**

| | 1986-87 | 1987-88 |
|---|---|---|
| **Beneficiaries** | **66,623** | **65,480** |
| **Total Cost** | **$6,739,740** | **$6,377,200** |
| Medical Services | 120,540 | 121,520 |
| Dental Services | 2,692,930 | 2,370,360 |
| Drug and Appliance Services | 1,406,140 | 1,421,340 |
| Optical Services | 645,040 | 598,840 |
| Medical Transportation | 1,875,090 | 1,865,140 |

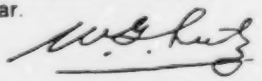
* Excludes Administrative Costs

## Auditor's Report

To the Members of the Legislative Assembly
Province of Saskatchewan

I have examined the statement of receipts, payments and balance of fund and the supporting statement of administration payments of the Saskatchewan Medical Care Insurance Fund for the nine month period ended December 31, 1987. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the financial position of the Fund as at December 31, 1987 and the results of its operations and the changes in its financial position for the nine month period then ended in accordance with the accounting principles disclosed in note 1 to the financial statements applied on a basis consistent with that of the preceding year.



Regina, Saskatchewan,
June 9, 1988.

W. G. Lutz, F.C.A.
Provincial Auditor.

## Saskatchewan Medical Care Insurance Fund — Statement 1

### Statement of Receipts, Payments and Balance of Fund

For the Nine Month Period Ended December 31

| | 1987 |
|---|---|
| **RECEIPTS:** | |
| Grants from the Consolidated Fund | |
| — Insured services | $166,194,000 |
| — Administration | 3,607,670 |
| Bursary refunds including interest | 88,800 |
| Total receipts | 169,890,470 |
| **PAYMENTS:** | |
| **Payments under Saskatchewan Medical Care Insurance Act:** | |
| Insured service payments to: | |
| — Physicians | 144,391,304 |
| — Approved health agencies | 349,265 |
| — Swift Current Health Region | 2,343,433 |
| — Beneficiaries for: | |
| — Physicians services | 1,280,216 |
| — Optometrists services | 167,104 |
| — Chiropractors services | 99,115 |
| — Dentists services | 9,166 |
| — Saskatchewan Hospital Services Plan — Community Health Association | 3,277,349 |
| — Optometrists | 4,774,350 |
| — Chiropractors | 7,924,544 |
| — Dentists | 770,768 |
| Gross insured service payments | 165,386,614 |
| Less refunds from: | |
| — Cancer Foundation for cancer services | 3,569,841 |
| — Practitioners, for insured services | 346,498 |
| Net insured service payments | 161,470,275 |
| Administration payments (Statement 2) | 4,003,583 |
| Continuing medical education (SMA) | 175,000 |
| Grants to Swift Current Health Region | 128,138 |
| Advance to physicians | 7,245 |
| Total payments under Saskatchewan Medical Care Insurance Act | 165,784,241 |
| Department of Education and Manpower bursary refunds | 88,800 |
| Total payments Saskatchewan Medical Care Insurance Fund | 165,873,041 |
| Excess of receipts over payments | 4,017,429 |
| Balance of fund beginning of year | (225,371) |
| Repayment of fund surplus | |
| Balance of fund end of year (Note 3) | $ 3,792,058 |
| Represented by: Cash | $ 3,792,058 |

(See accompanying notes to the financial statements)

## Statement of Administration Payments

For the Nine Month Period Ended December 31

| | 1987 |
|---|---|
| Salaries | $ 2,944,813 |
| Computer services | 357,919 |
| Postage and communication | 170,179 |
| Rent of office equipment | 159,901 |
| Stationery and office supplies | 135,029 |
| Systems analyst services | 116,158 |
| Miscellaneous contractual services | 83,565 |
| Payments to commission members | 40,591 |
| Equipment purchase and repair | 34,435 |
| Data processing services (S.H.S.P.) | 19,664 |
| Travel and sustenance | 19,557 |
| Printing and advertising | 12,343 |
| | 4,094,154 |
| Less: Recoveries for services to other agencies | 90,571 |
| Total administration payments to Statement 1 | $ 4,003,583 |

(S.H.S.P.) — Saskatchewan Hospital Services Plan

(See accompanying notes to the financial statements)

Saskatchewan Medical Care Insurance Fund

## Notes to the Financial Statements

### December 31, 1987

1. **Accounting Policies**

The accounts of the Fund are maintained on a cash basis whereby revenues are recorded as received and expenditures are recorded when paid. Accordingly, the assets and liabilities (excluding cash and the balance of fund), as at December 31, are not reflected in these financial statements.

2. **Disestablishment of the Fund**

The Saskatchewan Medical Care Insurance Fund was established in 1962 under the authority of The Saskatchewan Medical Care Insurance Act. On December 31, 1987, the Fund was disestablished pursuant to the Saskatchewan Medical Care Insurance Amendment Act, 1987.

3. **Balance of Fund**

The balance of fund represents an accumulation of previous years' surplus or deficits.

| | Balance March 31/87 | Current Receipts | Current Payments | Balance December 31/87 |
|---|---|---|---|---|
| Insured services | $ (599,235) | $ 166,282,800 | $ 161,869,458 | $ 3,814,107 |
| Administration | 373,864 | 3,607,670 | 4,003,583 | (22,049) |
| | $ (225,371) | $ 169,890,470 | $ 165,873,041 | $ 3,792,058 |

Effective at the close of business on December 31, 1987 the cash assets of M.C.I.C. were transferred to the consolidated fund.

4. **Related Party Transactions**

Costs not normally allocated between government departments, such as occupancy costs, are not charged to the Fund.

5. **Comparative Figures**

These financial statements are prepared for the nine month period ended December 31, 1987. It was determined that the comparative figures for the year ended March 31, 1987 would not be meaningful and accordingly, they have not been provided.

# Saskatchewan Medical Care Insurance Fund

## Notes to the Financial Statements

**March 31, 1988**

1. **Disestablishment of the Fund**

   The Saskatchewan Medical Care Insurance Fund was disestablished December 31, 1987. While this statement is for the period April 1, 1987 to March 31, 1988 payments for the first nine months only were made from the Fund, with payments for the last three months being made from the Consolidated Fund. This unaudited statement should be considered in conjunction with the audited nine month statement.

2. **Administrative Expenses**

   This figure does not include administrative expenses for the period January 1, 1988 to March 31, 1988. Payments from the Consolidated Fund during this period were $1,225,195.40.

# Saskatchewan Medical Care Insurance Fund — Statement 1

## Statement of Receipts, Payments and Balance of Fund

Year Ended March 31, 1988

| | |
|---|---|
| **RECEIPTS:** | |
| Grants from Consolidated Fund | |
| — Insured services | $215,819,000 |
| — Administration | 3,607,670 |
| Total receipts | $219,426,670 |
| **PAYMENTS:** | |
| **Payments under Saskatchewan Medical Care Insurance Act:** | |
| Insured services payments to: | |
| — Physicians | $192,611,983 |
| — Approved health agencies | 353,607 |
| — Swift Current Health Region | 2,418,443 |
| — Beneficiaries for: | |
| — Physicians services | 1,654,993 |
| — Optometrists services | 213,270 |
| — Chiropractors services | 127,665 |
| — Dentists services | 15,082 |
| — Saskatchewan Hospital Services Plan — Community Health Association | 4,374,462 |
| — Optometrists | 6,246,582 |
| — Chiropractors | 10,388,241 |
| — Dentists | 1,010,654 |
| Gross insured service payments | $219,414,982 |
| Less refunds from: | |
| — Cancer Foundation for cancer services | 4,680,100 |
| — Practitioners, for insured services | 383,928 |
| Net insured service payments | $214,350,954 |
| Administration payments (Note 2) | 4,003,583 |
| Continuing medical education (SMA) | 700,000 |
| Grants to Swift Current Health Region | 125,049 |
| Total payments under Saskatchewan Medical Care Insurance Act | $219,179,586 |
| Total payments Saskatchewan Medical Care Insurance Fund | |
| Excess of receipts over payments | $ 247,084 |
| Balance of fund beginning of year | (225,371) |
| Balance of fund end of year | 21,713 |
| Represented by: Cash | 21,713 |

# Statistical Tables

### Introductory Notes

**General** — The following tables are based upon Medical Care Insurance Branch payments made during 1987-88 for medical, optometric and chiropractic services provided to Plan beneficiaries as outlined in Table 6, page 27. A global system of payment for medical and optometric services is used for four community clinics in the province with services being recorded on the same basis as fee-for-service items.

**Beneficiaries** — Beneficiary information, such as the age-sex structure, is based upon records maintained by the Hospital Services Branch.

**Date of Payment** — Statistics are based upon the date a service was paid, and not upon the date the service was provided. Statistics for the fiscal year 1987-88 include some services rendered in 1986-87.

**Payment Adjustments** — The difference between "Gross Insured Service Payments" (Statement 1, page 18) and the total payments shown in the statistical tables is due to accounting adjustments, certain recoveries, and the payments to Hospital Services Branch on a global basis for medical and optometric services provided in community clinics.

**Retroactive Payments** — From time to time, the MCIB is required to make payments retroactively to practitioners, pursuant to agreements with the respective professional associations. Where possible, retroactive payments are included in the statistical tables. Footnotes indicate the inclusions. Retroactive payments may include, in part, payments for services originally provided and paid for in the previous fiscal year. This may result in an overstatement of some payment statistics.

**Number of Services** — Certain categories of service data shown in the tables may:

(a) represent an understatement, e.g.:
   (i) many surgical procedures include visit services and procedures provided during the pre- and post-operative care period;
   (ii) obstetrical services include post-natal care in hospital;
   (iii) some visit services include minor procedures;

or

(b) represent an overstatement, e.g.:
   (i) surcharges counted as services;
   (ii) additional time units in anaesthesia, surgical assistance, etc., counted as services.

### Definitions of Service Groupings (Tables 9 to 12)

(a) **Complete Assessments** — A complete assessment comprises a full history review, an examination of all parts or systems, a complete record and advice to the patient, and may include a detailed examination of one or more parts or systems. A complete assessment may be provided to new or former patients.

(b) **Partial Assessments or Subsequent Visits** — A partial assessment is a visit which comprises history review, history of the presenting complaint, and an examination of the affected parts, regions or systems. Well baby care provided in the office is included in this category. Initial assessments are included in this classification.

(c) **Minor Assessments** — Follow-up assessments by specialists usually following an initial assessment to review the progress of treatment, or when a patient is seen for a relatively minor condition.

(d) **Special Calls** — Includes surcharge payments made in association with visits or other services provided by physicians when specially called to attend a patient on a priority basis; special care home and nursing home routine visit services; and follow-up house calls not specially called.

(e) **Hospital Care** — Physician services provided in a hospital on a visit per day basis. Hospital visits covered by a composite payment such as hospital care following surgery are not included.

(f) **Consultations** — A consultation is the referral of a patient by one physician to another for examination, diagnosis, and written report. The patient may return to the referring physician for treatment or receive treatment from the consultant.

(g) **Psychotherapy** — Includes treatment interview, group therapy, and counselling.

(h) **Laboratory Services** — All out-of-hospital laboratory services by specialists in pathology and common office laboratory services provided by other physicians.

(i) **Diagnostic Radiology** — All out-of-hospital technical procedures and interpretations by specialists in radiology.

(j) **Other Diagnostic Procedures** — Includes electrocardiograms, electroencephalograms, diagnostic ultrasound, biopsies, sigmoidoscopies, allergy investigations, administration of contrast media for radiology, and other diagnostic procedures. Dilatation and curettage is included in this grouping.

(k) **Major Surgery** — Surgical procedures for which the specialist fee listed in the Payment Schedule was $25.50 or more as of April 30, 1975.

(l) **Minor Surgery** — Surgical procedures for which the specialist fee listed in the Payment Schedule was less than $25.50 as of April 30, 1975.

(m) **Obstetrics** — Includes confinements, abortions, caesarian sections, but excludes gynaecological surgery, and pre- and post-natal visits.

(n) **Anaesthesia** — All anaesthetic procedures are included in this category (see page 10).

(o) **Surgical Assistance** — Services of physicians as required to assist the surgeon at an operation.

(p) **Major Therapeutic Procedures** — Comprise therapeutic procedures, including some special psychiatric treatment procedures, for which the specialist fee listed in the Payment Schedule was $17.00 or more as of April 30, 1975.

(q) **Minor Therapeutic Procedures** — Comprise special psychiatric treatment procedures, allergy treatments and other therapeutic procedures for which the specialist fee listed in the Payment Schedule was less than $17.00 as of April 30, 1975.

(r) **Refractions by Physicians** — Eye examinations to determine the refractive state of the eye, when provided by a physician.

(s) **Services by Optometrists** — Includes eye examinations to determine the refractive state of the eye, when provided by an optometrist, partial examinations and tonometry testing.

(t) **Services by Chiropractors** — Includes visit services and x-ray services provided by chiropractors.

(u) **Dental Services** — Includes certain insured services provided by dentists, i.e. oral surgery, orthodontic services for the care of cleft palate, and the extraction of teeth necessary to be performed before the provision of certain surgical procedures.

**Categories of Practitioners (Tables 13 and 16 to 24)**

I. **Physicians**

(a) **Family Practitioner** — A physician registered with the College of Physicians and Surgeons of Saskatchewan whose name does not appear on the specialist listing mentioned in (b) below. Includes physicians who while not specialists, limit their practice to specific specialty areas.

(i) **Urban** — A family practitioner who practises in a locality having 10,000 or more residents.

(ii) **Rural** — A family practitioner who practises in a locality having fewer than 10,000 residents.

(iii) **Association** — A family practitioner who maintains patients' medical records with one or more other physicians.

(iv) **Solo** — A family practitioner who is not working in association with another physician.

(b) **Specialist** — A physician listed by the College of Physicians and Surgeons of Saskatchewan as eligible to receive MCIB payments at specialist rates. If a physician is listed as a specialist during the year, only those services provided after such listing are included with specialist services.
**Note:** Physiatrists are included with Internists; Medical Geneticists with Paediatricians, and specialists in the combined specialty of Ophthalmology and Otolaryngology are included with Ophthalmologists.

II. **Optometrist** — A practitioner registered by the Saskatchewan Association of Optometrists.

III. **Chiropractor** — A practitioner registered by the Chiropractors' Association of Saskatchewan.

**Figure 1**
**Annual Per Cent Change in Number of: Persons Covered by the Plan, Physicians, Services Per Patient, and Persons Receiving Services (Indexed to Base Year 1982-83)**

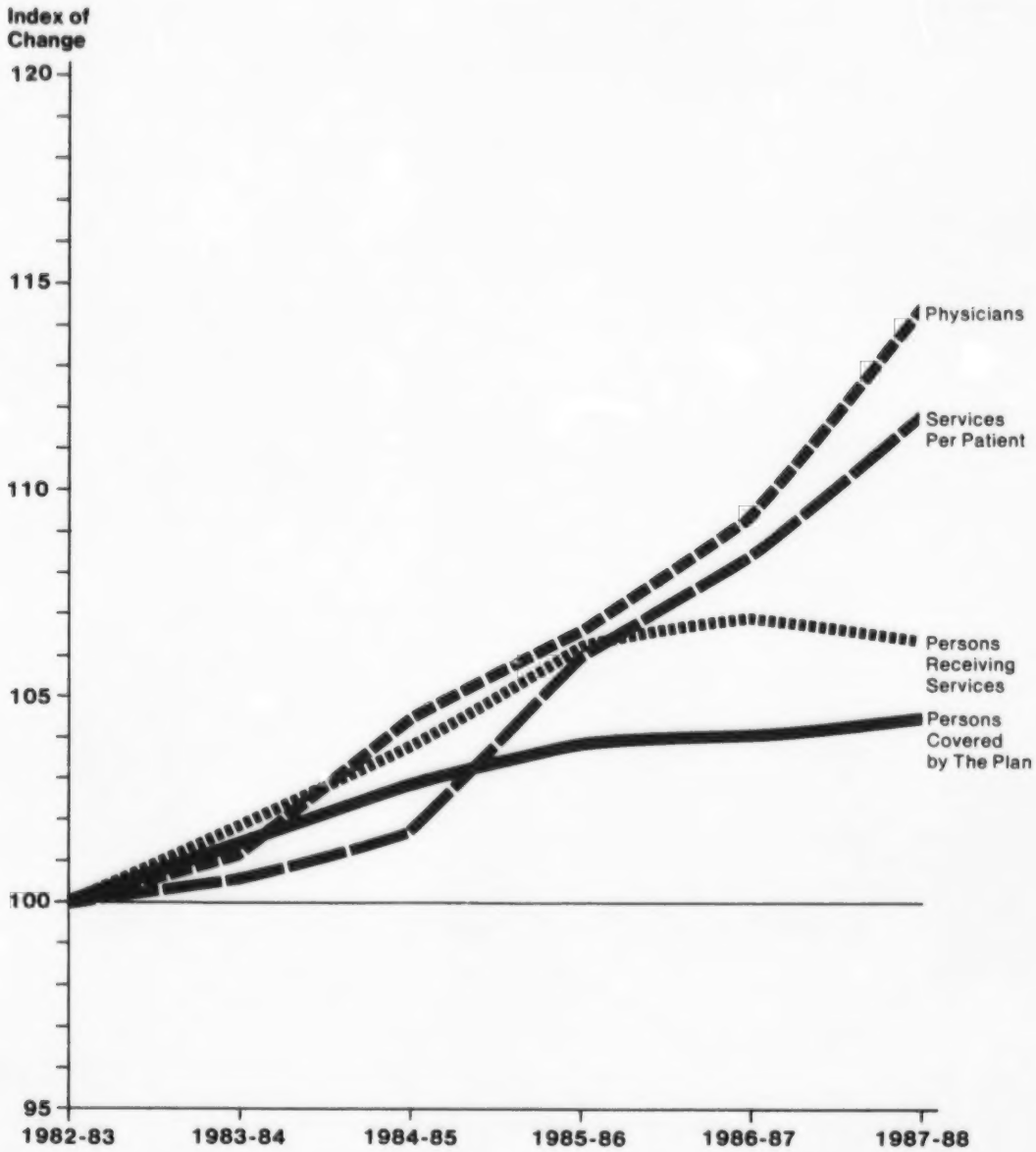
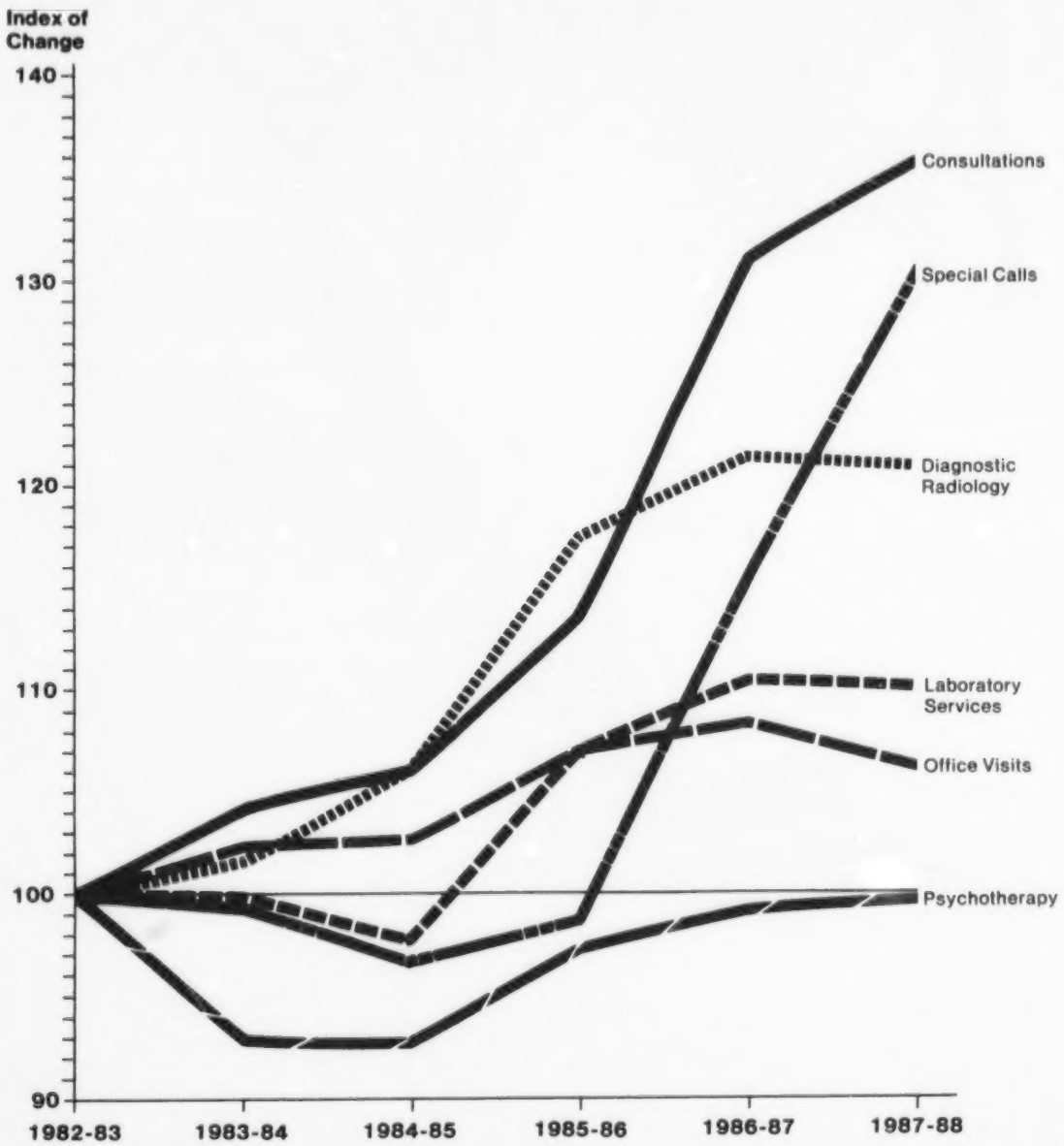
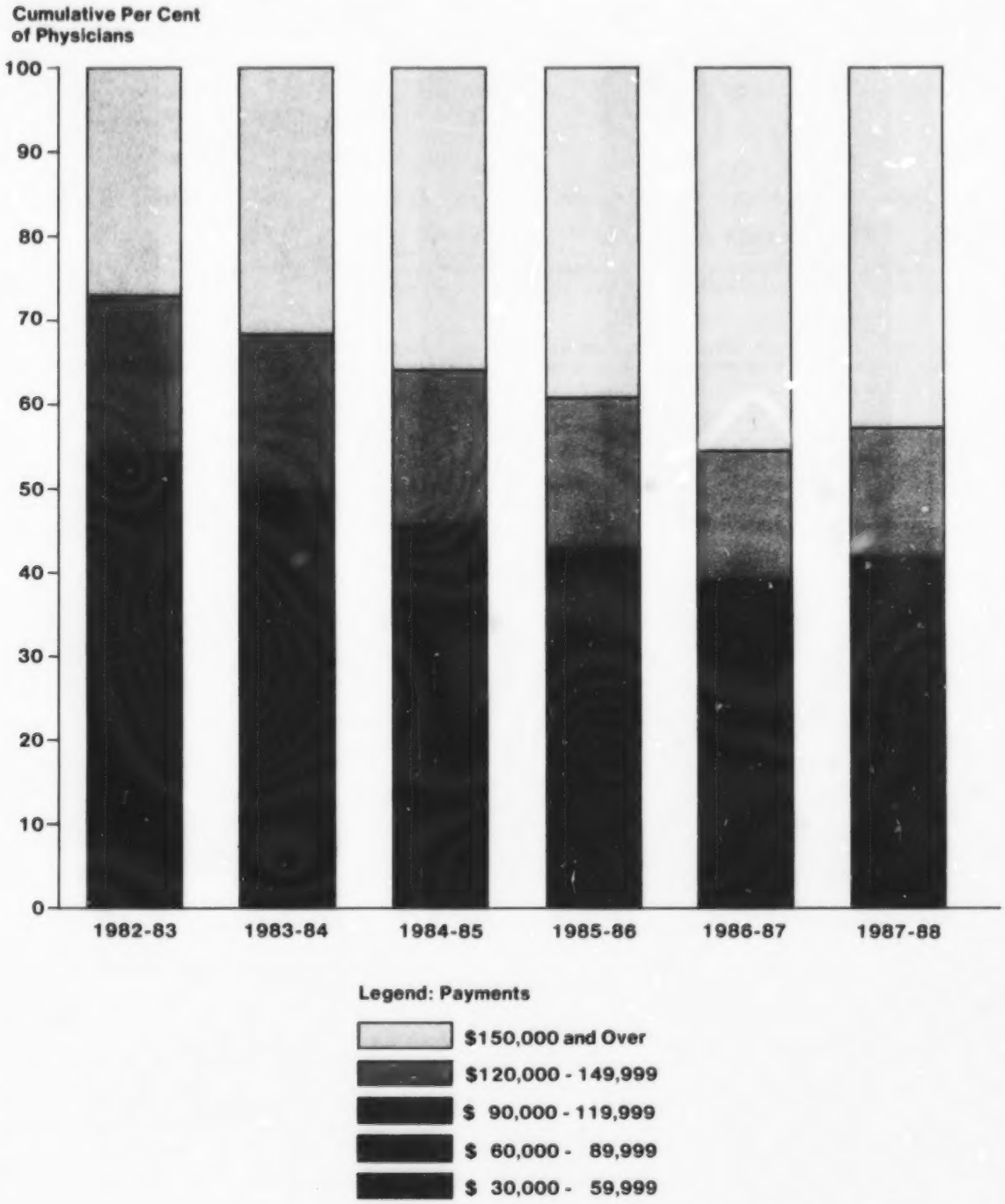


**Figure 2**
**Annual Per Cent Change in Services Per 1,000 Beneficiaries for Selected Types of Physician Services (Indexed to Base Year 1982-83)**

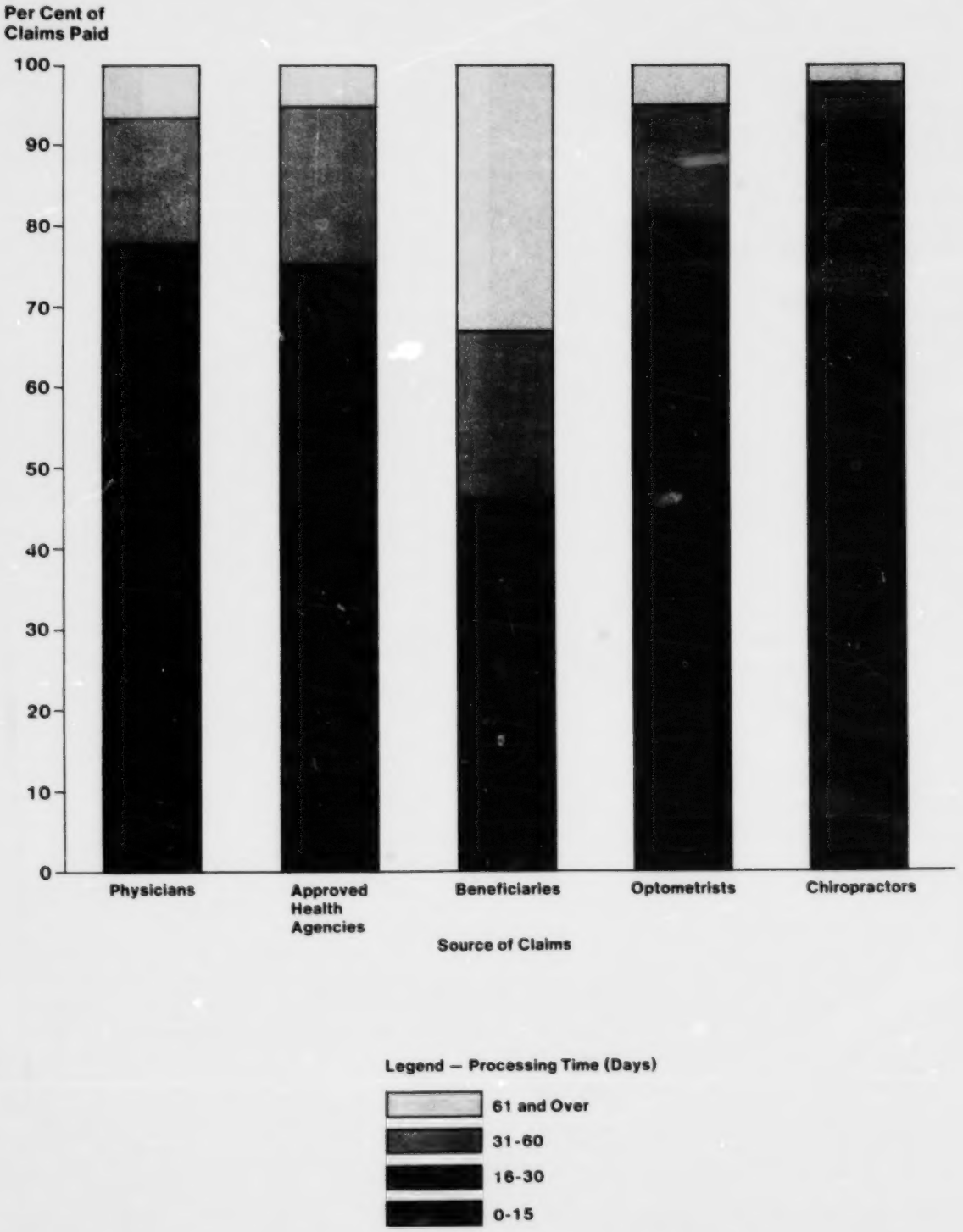


## Figure 3
## Per Cent of Physicians by Range of MCIB Payment, 1982-83 to 1987-88




Note: Retroactive payments made to physicians are included.

## Figure 4
## Cumulative Per Cent of Claims Paid by Length of Time Between Date of Service and Date of Payment



## Table 1
## Summary of Receipts and Payments

| | Amounts (000's) | | Per Cent of Total | |
|---|---|---|---|---|
| | 1986-87 | 1987-88 | 1986-87 | 1987-88 |
| **Receipts** | | | | |
| Grant from Consolidated Fund | $214,471 | $219,427 | 100.0 | 100.0 |
| **Payments** | | | | |
| Insured Services | $209,545 | $214,351 | 97.6 | 97.8 |
| Swift Current Health Region | 120 | 125 | 0.1 | 0.1 |
| Administration Payments[1] | 5,031 | 4,004 | 2.3 | 1.8 |
| Continuing Medical Education (SMA)[2] | — | 700 | — | 0.3 |
| **Total Payments** | **$214,696** | **$219,180** | **100.0** | **100.0** |
| **Excess of Receipts over Payments** | **−225** | **247** | | |
| | **$214,471** | **$219,427** | | |

1 Does not include the value of some services and facilities provided at no direct cost to the MCIB by other Government Agencies, e.g. office space, furniture, central purchasing, central personnel services, group life contributions and Registration services.

2 The 1986 negotiated agreement with the Saskatchewan Medical Association included provision for the establishment of a Continuing Medical Education Fund, administered by the SMA but funded by the Department of Health through the Medical Care Insurance Branch.

## Table 2
## Analysis of Per Cent Change in Annual Gross Payments

| Year | Gross Payments for Insured Services (000's)[1] | Per Cent Change Due to: Change in Population | Increase in Fees | Change in Coverage[2] | Change in Value of Claims Inventory[3] | Change in Per Capita Utilization[4] | **Total Per Cent Change** |
|---|---|---|---|---|---|---|---|
| 1983-84 | 162,734 | — | — | — | — | — | — |
| 1984-85 | 175,764 | 1.46 | 3.94 | — | 0.29 | 2.32 | **8.01** |
| 1985-86 | 189,065 | 1.03 | 0.99 | −0.06 | −0.91 | 6.52 | **7.57** |
| 1986-87 | 209,660 | 0.21 | 5.94 | 0.21 | −0.25 | 4.78 | **10.89** |
| 1987-88 | 214,735 | 0.39 | 0.03 | — | 0.47 | 1.53 | **2.42** |
| Average Annual Per Cent Change 1983-84 to 1987-88 | — | 0.77 | 2.72 | 0.04 | −0.10 | 3.79 | **7.22** |

1 Includes payments for insured services provided by Physicians, Optometrists and Chiropractors as per Statement 1 page 18.

2 Beginning August 1, 1985 four physicians and three chiropractors opted to bill patients outside of the coverage of the Medical Care Insurance Plan. The physicians opted back under the Plan on August 28, 1985, while the chiropractors remained opted out. An adjustment for services provided in the opted out periods reflects the value of the opted out services in 1985-86. In 1986-87, represents the addition of new insured services to the Payment Schedule.

3 Increases or decreases in the dollar value of claims on hand for processing compared to the previous year.

4 The change in adjusted gross payments per beneficiary for medical, optometric and chiropractic services. The 1985-86 period included one week of processing more than the 1984-85 fiscal year.

## Table 3
## Adjustments and Recoveries by the Medical Care Insurance Branch

| | 1986-87 | | 1987-88 | |
|---|---|---|---|---|
| | Number of Practitioners[1] | Adjustment or Recovery (000's) | Number of Practitioners[1] | Adjustment or Recovery (000's) |
| Routine Assessment[2] | 1,797 | $5,191.8 | 1,834 | $6,189.1 |
| Special MCIB Studies and Professional Review Activity[3] | 25 | 114.8 | 38 | 383.9 |
| **Total** | — | **$5,306.6** | — | **$6,573.0** |

[1] Practitioners who received a MCIB payment during the year.

[2] The dollar adjustments represent the difference between the amount on claims submitted and the amount assessed, including adjustments resulting from verification programs.

[3] The dollar amounts are recoveries resulting from the correction of payments as revealed by special studies by the MCIB and Professional Review Committees.

## Table 4
## Volume of Claims Compared to Number of MCIB Staff

| Year | 1983-84 | 1984-85 | 1985-86 | 1986-87 | 1987-88 |
|---|---|---|---|---|---|
| Thousands of Claims Received | 7,129 | 7,364 | 7,819 | 8,278 | 8,357 |
| Number of Employees[1] | 151 | 147 | 139 | 140 | 128 |
| **Claims per Employee** | **47,212** | **50,095** | **56,252** | **59,129** | **65,289** |

[1] Number of employees on staff as at March 31 of each fiscal year.

## Table 5
## Claims Received by Method of Billing

| | Thousands of Claims Received | | | | | Per Cent of Claims Received | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Claims Received from:[1] | 83-84 | 84-85 | 85-86 | 86-87 | 87-88 | 83-84 | 84-85 | 85-86 | 86-87 | 87-88 |
| Physicians | 6,025 | 6,266 | 6,749 | 7,144 | 7,236 | 84.5 | 85.1 | 86.3 | 86.3 | 86.6 |
| Optometrists | 197 | 201 | 215 | 205 | 221 | 2.8 | 2.7 | 2.8 | 2.5 | 2.6 |
| Chiropractors | 316 | 346 | 585 | 806 | 825 | 4.4 | 4.7 | 7.4 | 9.7 | 9.9 |
| **All Providers of Service** | **6,538** | **6,813** | **7,549** | **8,155** | **8,282** | **91.7** | **92.5** | **96.5** | **98.5** | **99.1** |
| Group Medical Services[2] | 35 | 32 | 28 | 21 | 4 | 0.5 | 0.5 | 0.4 | 0.2 | — |
| Medical Services Inc.[2] | 111 | 98 | 59 | 32 | 8 | 1.6 | 1.3 | 0.8 | 0.4 | 0.1 |
| **Total Approved Health Agencies** | **146** | **130** | **87** | **53** | **12** | **2.1** | **1.8** | **1.2** | **0.6** | **0.1** |
| **Beneficiaries** | **445** | **421** | **183** | **70** | **63** | **6.2** | **5.7** | **2.3** | **0.9** | **0.8** |
| **Total** | **7,129** | **7,364** | **7,819** | **8,278** | **8,357** | **100.0** | **100.0** | **100.0** | **100.0** | **100.0** |

[1] Includes claims for services received outside the province. Out-of-province claims, as a per cent of total claims received in 1987-88, amounted to 2.3% of which 1.8% were from practitioners and 0.5% were from beneficiaries.

[2] Effective January 1, 1988 Group Medical Services and Medical Services Inc. no longer act as approved billing agencies for the Medical Care Insurance Branch.

# Table 6
# Services and Payments[1] by Age and Sex of Beneficiaries

| Age Groups | Number of Beneficiaries as at June 30, 1987 | | Rate Per 1,000 Beneficiaries | | | |
|---|---|---|---|---|---|---|
| | | | Services | | Payments | |
| | Male | Female | Male | Female | Male | Female |
| **A. Physicians** | | | | | | |
| Under 1 | 8,269 | 8,134 | 15,468 | 13,216 | 302,731 | 246,011 |
| 1 - 4 | 36,515 | 34,816 | 9,646 | 8,641 | 165,160 | 142,734 |
| 5 - 14 | 83,989 | 80,156 | 6,010 | 5,938 | 93,635 | 90,180 |
| 15 - 24 | 88,375 | 83,994 | 5,610 | 14,029 | 96,126 | 205,605 |
| 25 - 44 | 158,213 | 150,549 | 6,510 | 15,224 | 114,989 | 240,968 |
| 45 - 64 | 90,194 | 90,138 | 10,575 | 14,095 | 193,628 | 232,342 |
| 65 - 69 | 19,540 | 21,799 | 15,989 | 16,779 | 302,815 | 284,005 |
| 70 and over | 39,816 | 50,943 | 23,523 | 24,895 | 390,158 | 374,877 |
| **All Beneficiaries** | **524,911** | **520,529** | **8,980** | **13,946** | **156,221** | **218,964** |
| **B. Optometrists** | | | | | | |
| Under 1 | 8,269 | 8,134 | 2 | 2 | 49 | 43 |
| 1 - 4 | 36,515 | 34,816 | 47 | 48 | 1,350 | 1,373 |
| 5 - 14 | 83,989 | 80,156 | 226 | 272 | 6,541 | 7,876 |
| 15 - 24 | 88,375 | 83,994 | 153 | 245 | 4,356 | 6,897 |
| 25 - 44 | 158,213 | 150,549 | 162 | 251 | 4,087 | 6,375 |
| 45 - 64 | 90,194 | 90,138 | 390 | 485 | 7,266 | 9,022 |
| 65 - 69 | 19,540 | 21,799 | 448 | 564 | 8,341 | 10,464 |
| 70 and over | 39,816 | 50,943 | 456 | 540 | 8,541 | 10,103 |
| **All Beneficiaries** | **524,911** | **520,529** | **232** | **318** | **5,313** | **7,251** |
| **C. Chiropractors** | | | | | | |
| Under 1 | 8,269 | 8,134 | 14 | 10 | 184 | 129 |
| 1 - 4 | 36,515 | 34,816 | 38 | 31 | 464 | 371 |
| 5 - 14 | 83,989 | 80,156 | 122 | 125 | 1,467 | 1,503 |
| 15 - 24 | 88,375 | 83,994 | 485 | 714 | 5,813 | 8,454 |
| 25 - 44 | 158,213 | 150,549 | 1,047 | 1,356 | 12,359 | 15,936 |
| 45 - 64 | 90,194 | 90,138 | 1,260 | 1,666 | 14,815 | 19,514 |
| 65 - 69 | 19,540 | 21,799 | 1,097 | 1,435 | 12,869 | 16,825 |
| 70 and over | 39,816 | 50,943 | 834 | 942 | 9,809 | 11,052 |
| **All Beneficiaries** | **524,911** | **520,529** | **740** | **970** | **8,742** | **11,397** |

[1] Excludes retroactive payments made to Optometrists for services provided in 1987-88.

# Table 7
# Beneficiaries, Payments[1] and Services by Dollar Value of Benefits

| Dollar Value of Benefits | 1986-87 Number of Beneficiaries | 1986-87 % of Beneficiaries | 1986-87 % of Payments | 1986-87 % of Services | 1987-88 Number of Beneficiaries | 1987-88 % of Beneficiaries | 1987-88 % of Payments | 1987-88 % of Services |
|---|---|---|---|---|---|---|---|---|
| **A. Physicians Only** | | | | | | | | |
| $ 0.00[2] | 132,359 | 12.7 | — | — | 141,410 | 13.5 | — | — |
| $ 0.01 - $ 25.00 | 98,493 | 9.5 | 0.8 | 1.0 | 96,258 | 9.2 | 0.8 | 0.9 |
| $ 25.01 - $ 50.00 | 147,875 | 14.2 | 2.9 | 3.4 | 140,698 | 13.5 | 2.7 | 3.1 |
| $ 50.01 - $ 100.00 | 193,213 | 18.5 | 7.6 | 9.1 | 186,630 | 17.9 | 7.0 | 8.4 |
| $100.01 - $ 200.00 | 204,196 | 19.6 | 15.7 | 18.1 | 202,301 | 19.3 | 14.8 | 17.3 |
| $200.01 - $ 500.00 | 179,468 | 17.2 | 30.1 | 32.0 | 183,329 | 17.5 | 29.1 | 31.7 |
| $500.01 - $1,000.00 | 63,300 | 6.1 | 23.5 | 21.5 | 68,738 | 6.6 | 24.2 | 22.3 |
| Over $1,000.00 | 22,454 | 2.2 | 19.4 | 14.9 | 26,076 | 2.5 | 21.4 | 16.3 |
| **Total** | **1,041,358** | **100.0** | **100.0** | **100.0** | **1,045,440** | **100.0** | **100.0** | **100.0** |
| **B. Optometrists Only** | | | | | | | | |
| $ 0.00[2] | 850,468 | 81.7 | — | — | 841,364 | 80.5 | — | — |
| $ 0.01 - $ 25.00 | 8,383 | 0.8 | 1.9 | 3.2 | 8,566 | 0.8 | 1.8 | 3.0 |
| $ 25.01 - $ 50.00 | 179,129 | 17.2 | 94.6 | 93.0 | 191,508 | 18.3 | 94.3 | 92.5 |
| Over $50.00 | 3,378 | 0.3 | 3.5 | 3.8 | 4,002 | 0.4 | 3.9 | 4.5 |
| **Total** | **1,041,358** | **100.0** | **100.0** | **100.0** | **1,045,440** | **100.0** | **100.0** | **100.0** |
| **C. Chiropractors Only** | | | | | | | | |
| $ 0.00[2] | 929,735 | 89.3 | — | — | 932,812 | 89.2 | — | — |
| $ 0.01 - $ 25.00 | 30,579 | 2.9 | 4.8 | 4.9 | 28,671 | 2.8 | 4.4 | 4.4 |
| $ 25.01 - $ 50.00 | 21,976 | 2.1 | 8.2 | 8.1 | 25,413 | 2.4 | 9.2 | 9.0 |
| $ 50.01 - $ 100.00 | 26,848 | 2.6 | 19.3 | 19.2 | 24,213 | 2.3 | 16.8 | 16.6 |
| $100.01 - $ 200.00 | 20,547 | 2.0 | 29.0 | 28.9 | 21,824 | 2.1 | 29.1 | 29.1 |
| Over $200.00 | 11,673 | 1.1 | 38.7 | 38.9 | 12,507 | 1.2 | 40.5 | 40.9 |
| **Total** | **1,041,358** | **100.0** | **100.0** | **100.0** | **1,045,440** | **100.0** | **100.0** | **100.0** |

[1] Retroactive payments made to Physicians and Chiropractors in 1986-87 and to Optometrists in 1987-88 are excluded from "Dollar Value of Benefits" and "% of Payments".

[2] The number of beneficiaries in this category is a residual, representing the difference between the number receiving services at any time during the year and the total of beneficiaries at June 30 of the stated year.

## Table 8
## Physician Services and Payments by Age and Sex

| Age Groups | Sex | Population | | Per Cent | Average Per Person Insured | | Average Per Person Treated | | Average Payment |
|---|---|---|---|---|---|---|---|---|---|
| | | Insured[1] | Treated[2] | Treated | Services | Cost | Services | Cost | Per Service |
| Under 1 | M | 8,269 | 10,721 | 100.00 | 15.47 | 302.73 | 11.93 | 233.49 | 19.57 |
| | F | 8,134 | 10,202 | 100.00 | 13.22 | 246.01 | 10.54 | 196.14 | 18.61 |
| | **T** | **16,403** | **20,923** | **100.00** | **14.35** | **274.60** | **11.25** | **215.28** | **19.13** |
| 1 - 4 | M | 36,515 | 35,145 | 96.25 | 9.65 | 165.16 | 10.02 | 171.60 | 17.12 |
| | F | 34,816 | 33,075 | 95.00 | 8.64 | 142.73 | 9.10 | 150.25 | 16.52 |
| | **T** | **71,331** | **68,220** | **95.64** | **9.16** | **154.21** | **9.57** | **161.25** | **16.84** |
| 5 - 9 | M | 43,634 | 37,128 | 85.09 | 6.38 | 101.06 | 7.50 | 118.77 | 15.83 |
| | F | 41,113 | 35,169 | 85.54 | 6.05 | 93.33 | 7.07 | 109.11 | 15.43 |
| | **T** | **84,747** | **72,297** | **85.31** | **6.22** | **97.31** | **7.29** | **114.07** | **15.64** |
| 10 - 14 | M | 40,355 | 31,644 | 78.41 | 5.61 | 85.61 | 7.15 | 109.17 | 15.27 |
| | F | 39,043 | 31,236 | 80.00 | 5.82 | 86.86 | 7.27 | 108.57 | 14.93 |
| | **T** | **79,398** | **62,880** | **79.20** | **5.71** | **86.22** | **7.21** | **108.87** | **15.10** |
| 15 - 19 | M | 41,303 | 33,973 | 82.25 | 5.74 | 96.04 | 6.97 | 116.76 | 16.74 |
| | F | 39,140 | 38,539 | 98.46 | 11.13 | 163.80 | 11.30 | 166.36 | 14.72 |
| | **T** | **80,443** | **72,512** | **90.14** | **8.36** | **129.01** | **9.28** | **143.12** | **15.43** |
| 20 - 24 | M | 47,072 | 33,685 | 71.56 | 5.50 | 96.20 | 7.69 | 134.43 | 17.49 |
| | F | 44,854 | 43,420 | 96.80 | 16.56 | 242.08 | 17.11 | 250.08 | 14.62 |
| | **T** | **91,926** | **77,105** | **83.88** | **10.90** | **167.38** | **12.99** | **199.56** | **15.36** |
| 25 - 29 | M | 48,579 | 35,354 | 72.78 | 5.78 | 102.93 | 7.94 | 141.43 | 17.81 |
| | F | 46,485 | 45,429 | 97.73 | 18.32 | 279.33 | 18.75 | 285.82 | 15.24 |
| | **T** | **95,064** | **80,783** | **84.98** | **11.91** | **189.19** | **14.02** | **222.63** | **15.88** |
| 30 - 34 | M | 45,025 | 33,444 | 74.28 | 6.39 | 112.75 | 8.60 | 151.79 | 17.65 |
| | F | 42,606 | 39,932 | 93.72 | 15.25 | 244.86 | 16.27 | 261.26 | 16.05 |
| | **T** | **87,631** | **73,376** | **83.73** | **10.70** | **176.98** | **12.78** | **211.36** | **16.54** |
| 35 - 39 | M | 36,104 | 26,764 | 74.13 | 6.75 | 119.89 | 9.11 | 161.73 | 17.76 |
| | F | 34,010 | 30,420 | 89.44 | 12.86 | 209.31 | 14.37 | 234.02 | 16.28 |
| | **T** | **70,114** | **57,184** | **81.56** | **9.71** | **163.27** | **11.91** | **200.18** | **16.81** |
| 40 - 44 | M | 28,505 | 21,566 | 75.66 | 7.65 | 132.88 | 10.11 | 175.63 | 17.38 |
| | F | 27,448 | 24,176 | 88.08 | 12.87 | 209.18 | 14.61 | 237.49 | 16.26 |
| | **T** | **55,953** | **45,742** | **81.75** | **10.21** | **170.31** | **12.49** | **208.32** | **16.68** |
| 45 - 49 | M | 23,257 | 17,422 | 74.91 | 8.32 | 149.80 | 11.11 | 199.97 | 17.99 |
| | F | 22,903 | 20,044 | 87.52 | 13.30 | 219.12 | 15.20 | 250.38 | 16.47 |
| | **T** | **46,160** | **37,466** | **81.17** | **10.79** | **184.19** | **13.30** | **226.94** | **17.07** |
| 50 - 54 | M | 22,397 | 16,972 | 75.78 | 9.59 | 172.86 | 12.65 | 228.11 | 18.03 |
| | F | 21,807 | 19,008 | 87.16 | 14.03 | 229.37 | 16.10 | 263.14 | 16.35 |
| | **T** | **44,204** | **35,980** | **81.40** | **11.78** | **200.73** | **14.47** | **246.62** | **17.04** |
| 55 - 59 | M | 22,803 | 17,946 | 78.70 | 11.19 | 205.59 | 14.22 | 261.23 | 18.37 |
| | F | 22,647 | 19,659 | 86.81 | 14.15 | 232.09 | 16.30 | 267.37 | 16.41 |
| | **T** | **45,450** | **37,605** | **82.74** | **12.66** | **218.79** | **15.30** | **264.44** | **17.28** |
| 60 - 64 | M | 21,737 | 17,911 | 82.40 | 13.35 | 249.38 | 16.21 | 302.65 | 18.68 |
| | F | 22,781 | 20,033 | 87.94 | 14.90 | 248.73 | 16.95 | 282.85 | 16.69 |
| | **T** | **44,518** | **37,944** | **85.23** | **14.15** | **249.05** | **16.60** | **292.20** | **17.60** |
| 65 - 69 | M | 19,540 | 16,841 | 86.19 | 15.99 | 302.81 | 18.55 | 351.34 | 18.94 |
| | F | 21,799 | 19,600 | 89.91 | 16.78 | 284.01 | 18.66 | 315.87 | 16.93 |
| | **T** | **41,339** | **36,441** | **88.15** | **16.41** | **292.90** | **18.61** | **332.26** | **17.85** |
| 70 - 74 | M | 16,409 | 14,668 | 89.39 | 18.57 | 339.69 | 20.78 | 380.01 | 18.29 |
| | F | 19,186 | 17,708 | 92.30 | 19.31 | 318.28 | 20.92 | 344.85 | 16.48 |
| | **T** | **35,595** | **32,376** | **90.96** | **18.97** | **328.15** | **20.86** | **360.78** | **17.30** |
| 75 and over | M | 23,407 | 23,135 | 98.84 | 26.99 | 425.54 | 27.31 | 430.54 | 15.76 |
| | F | 31,757 | 32,008 | 100.00 | 28.27 | 409.07 | 28.05 | 405.86 | 14.47 |
| | **T** | **55,164** | **55,143** | **99.96** | **27.73** | **416.06** | **27.74** | **416.22** | **15.01** |
| **Total all ages** | **M** | **524,911** | **424,319** | **80.84** | **8.98** | **156.22** | **11.11** | **193.26** | **17.40** |
| | **F** | **520,529** | **479,658** | **92.15** | **13.95** | **218.96** | **15.13** | **237.62** | **15.70** |
| | **T** | **1,045,440** | **903,977** | **86.47** | **11.45** | **187.46** | **13.24** | **216.80** | **16.37** |

[1] As at June 30, 1987.

[2] Population treated at any time during the fiscal year.

# Table 9
# Services by Type of Service

| Type of Service[1] | Number of Services (000's) 1986-87 | Number of Services (000's) 1987-88 | Number of Services Per 1,000 Beneficiaries 1986-87 | Number of Services Per 1,000 Beneficiaries 1987-88 | Per Cent Change 1986-87 to 1987-88 |
|---|---|---|---|---|---|
| Complete Assessments | 412.7 | 393.0 | 396 | 376 | −5.05 |
| Partial Assessments | 4,112.2 | 4,032.3 | 3,949 | 3,857 | −2.33 |
| Minor Assessments | 141.8 | 156.2 | 136 | 150 | 10.29 |
| Special Calls | 528.7 | 598.0 | 508 | 572 | 12.60 |
| Hospital Care | 1,135.4 | 1,116.7 | 1,090 | 1,068 | −2.02 |
| Psychotherapy | 239.4 | 241.8 | 230 | 231 | 0.43 |
| | **6,570.2** | **6,538.0** | **6,309** | **6,254** | **−0.87** |
| Consultations | **363.8** | **376.9** | **349** | **360** | **3.15** |
| Laboratory Services | 2,808.0 | 2,808.4 | 2,697 | 2,686 | −0.41 |
| Diagnostic Radiology | 224.5 | 224.4 | 216 | 215 | −0.46 |
| Other Diagnostic Procedures[2] | 1,045.0 | 1,066.1 | 1,003 | 1,020 | 1.69 |
| | **4,077.5** | **4,098.9** | **3,916** | **3,921** | **0.13** |
| Major Surgery | 93.1 | 96.2 | 89 | 92 | 3.37 |
| Minor Surgery | 216.5 | 239.8 | 208 | 229 | 10.10 |
| Obstetrics | 19.9 | 21.0 | 19 | 20 | 5.26 |
| Anaesthesia | 203.1 | 206.3 | 195 | 197 | 1.03 |
| Surgical Assistance | 59.1 | 64.2 | 57 | 62 | 8.77 |
| | **591.7** | **627.5** | **568** | **600** | **5.63** |
| Major Therapeutic Procedures | 73.2 | 71.8 | 70 | 69 | −1.43 |
| Minor Therapeutic Procedures | 270.7 | 300.6 | 260 | 287 | 10.38 |
| | **343.9** | **372.4** | **330** | **356** | **7.88** |
| Refractions by Physicians | **22.9** | **19.4** | **22** | **19** | **−13.64** |
| **All Physician Services** | **11,970.0** | **12,033.1** | **11,494** | **11,510** | **0.14** |
| **Dental Services** | **18.5** | **18.7** | **18** | **18** | **–** |
| Refractions by Optometrists | 184.5 | 197.5 | 177 | 189 | 6.78 |
| Other Optometric Services | 77.5 | 89.8 | 74 | 86 | 16.22 |
| **All Optometrist Services** | **262.0** | **287.3** | **251** | **275** | **9.56** |
| Chiropractic Visit Services | 883.6 | 881.5 | 849 | 843 | −0.71 |
| Chiropractic X-Ray Services | 12.7 | 11.9 | 12 | 12 | – |
| **All Chiropractor Services** | **896.3** | **893.4** | **861** | **855** | **−0.70** |
| **All Services** | **13,146.8** | **13,232.5** | **12,624** | **12,658** | **0.27** |

[1] The "Introductory Notes", page 19, describe inclusions in these classifications. Services originally paid as initial or complete assessments in 1986-87 but which were retroactively adjusted to consultations are grouped as consultations.

[2] A change was made during 1987-88 to the method of counting allergy investigations. The service volumes in 1986-87 and 1987-88 have been adjusted to reflect this change.

# Table 10
# Payments[1] by Type of Service

| Type of Service[2] | Dollar Payments (000's) 1986-87 | Dollar Payments (000's) 1987-88 | Dollar Payments Per 1,000 Beneficiaries 1986-87 | Dollar Payments Per 1,000 Beneficiaries 1987-88 | Per Cent Change 1986-87 to 1987-88 |
|---|---|---|---|---|---|
| Complete Assessments | 12,769 | 12,401 | 12,262 | 11,862 | −3.26 |
| Partial Assessments | 63,359 | 63,110 | 60,843 | 60,367 | −0.78 |
| Minor Assessments | 2,251 | 2,397 | 2,162 | 2,293 | 6.06 |
| Special Calls | 8,697 | 9,380 | 8,352 | 8,972 | 7.42 |
| Hospital Care | 9,205 | 9,677 | 8,839 | 9,256 | 4.72 |
| Psychotherapy | 4,668 | 4,978 | 4,482 | 4,762 | 6.25 |
| | **100,949** | **101,943** | **96,940** | **97,512** | **0.59** |
| Consultations | **18,521** | **18,682** | **17,785** | **17,870** | **0.48** |
| Laboratory Services | 13,831 | 13,996 | 13,282 | 13,388 | 0.80 |
| Diagnostic Radiology | 6,882 | 6,902 | 6,608 | 6,602 | −0.09 |
| Other Diagnostic Procedures | 12,439 | 13,606 | 11,945 | 13,015 | 8.96 |
| | **33,152** | **34,504** | **31,835** | **33,005** | **3.68** |
| Major Surgery | 18,307 | 19,144 | 17,580 | 18,312 | 4.16 |
| Minor Surgery | 3,225 | 3,320 | 3,097 | 3,176 | 2.55 |
| Obstetrics | 3,627 | 3,573 | 3,483 | 3,417 | −1.89 |
| Anaesthesia | 8,175 | 8,904 | 7,850 | 8,517 | 8.50 |
| Surgical Assistance | 1,718 | 1,828 | 1,650 | 1,749 | 6.00 |
| | **35,052** | **36,769** | **33,660** | **35,171** | **4.49** |
| Major Therapeutic Procedures | 1,847 | 1,870 | 1,773 | 1,788 | 0.85 |
| Minor Therapeutic Procedures | 1,503 | 1,735 | 1,443 | 1,660 | 15.04 |
| | **3,350** | **3,605** | **3,216** | **3,448** | **7.21** |
| Refractions by Physicians | **598** | **476** | **575** | **455** | **−20.87** |
| **All Physician Services** | **191,622** | **195,979** | **184,011** | **187,461** | **1.87** |
| **Dental Services** | **1,046** | **1,026** | **1,005** | **981** | **−2.39** |
| Refractions by Optometrists | 5,439 | 5,866 | 5,223 | 5,612 | 7.45 |
| Other Optometric Services | 641 | 749 | 615 | 716 | 16.42 |
| **All Optometrist Services** | **6,080** | **6,615** | **5,838** | **6,328** | **8.39** |
| Chiropractic Visit Services | 9,831 | 10,259 | 9,441 | 9,812 | 3.93 |
| Chiropractic X-Ray Services | 287 | 263 | 276 | 252 | −8.70 |
| **All Chiropractor Services** | **10,118** | **10,522** | **9,717** | **10,064** | **3.57** |
| **All Services** | **208,866** | **214,142** | **200,571** | **204,834** | **2.13** |

[1] Retroactive payments made to Physicians and Chiropractors in 1986-87 and to Optometrists in 1987-88 are included.

[2] The "Introductory Notes", page 19, describe inclusions in these classifications. Services originally paid as initial or complete assessments in 1986-87 but which were retroactively adjusted to consultations are grouped as consultations.

# Table 11
## Average Payment[1] Per Service by Type of Service and Type of Practitioner

| Type of Service[2] | 1986-87 Family Practitioners ($) | 1986-87 Specialists ($) | 1986-87 All Practitioners ($) | 1987-88 Family Practitioners ($) | 1987-88 Specialists ($) | 1987-88 All Practitioners ($) |
|---|---|---|---|---|---|---|
| Complete Assessments | 29.41 | 42.28 | 30.94 | 30.00 | 43.36 | 31.56 |
| Partial Assessments | 15.11 | 21.65 | 15.41 | 15.38 | 21.63 | 15.65 |
| Minor Assessments | – | 15.88 | 15.88 | – | 15.34 | 15.34 |
| Special Calls | 15.99 | 20.74 | 16.45 | 15.21 | 19.75 | 15.68 |
| Hospital Care | 7.35 | 10.33 | 8.11 | 8.06 | 10.49 | 8.67 |
| Psychotherapy | 15.24 | 28.98 | 19.50 | 16.39 | 29.20 | 20.59 |
| | **14.95** | **18.40** | **15.36** | **15.21** | **18.34** | **15.59** |
| Consultations | **35.98** | **52.46** | **50.91** | **35.78** | **50.92** | **49.56** |
| Laboratory Services | 3.39 | 6.34 | 4.93 | 3.27 | 6.48 | 4.98 |
| Diagnostic Radiology | 23.54 | 30.66 | 30.65 | 23.22 | 30.77 | 30.75 |
| Other Diagnostic Procedures[3] | 7.52 | 13.48 | 11.90 | 7.70 | 14.47 | 12.76 |
| | **4.10** | **10.80** | **8.13** | **4.03** | **11.16** | **8.42** |
| Major Surgery | 99.26 | 221.55 | 196.69 | 101.71 | 222.61 | 199.06 |
| Minor Surgery | 13.73 | 23.06 | 14.89 | 12.59 | 23.22 | 13.84 |
| Obstetrics | 170.63 | 205.27 | 182.49 | 160.38 | 187.07 | 170.24 |
| Anaesthesia | 38.05 | 41.29 | 40.25 | 42.64 | 43.34 | 43.16 |
| Surgical Assistance | 28.84 | 30.48 | 29.08 | 28.11 | 31.30 | 28.47 |
| | **31.58** | **96.00** | **59.24** | **29.84** | **95.63** | **58.60** |
| Major Therapeutic Procedures | 26.34 | 25.13 | 25.23 | 31.03 | 25.28 | 26.05 |
| Minor Therapeutic Procedures | 5.17 | 7.57 | 5.55 | 5.29 | 8.57 | 5.77 |
| | **5.71** | **18.23** | **9.74** | **6.21** | **18.33** | **9.68** |
| Refractions by Physicians | **23.57** | **29.46** | **26.14** | **22.75** | **28.19** | **24.58** |
| **All Physician Services** | **13.28** | **21.54** | **16.01** | **13.45** | **21.88** | **16.29** |
| **Dental Services** | – | – | **56.62** | – | – | **54.79** |
| Refractions by Optometrists | – | – | 29.48 | – | – | 29.70 |
| Other Optometric Services | – | – | 8.26 | – | – | 8.34 |
| **All Optometrist Services** | – | – | **23.21** | – | – | **23.02** |
| Chiropractic Visit Services | – | – | 11.13 | – | – | 11.64 |
| Chiropractic X-Ray Services | – | – | 22.61 | – | – | 22.06 |
| **All Chiropractor Services** | – | – | **11.29** | – | – | **11.78** |
| **All Services** | **13.28** | **21.54** | **15.89** | **13.45** | **21.88** | **16.18** |

1 Retroactive payments made to Physicians and Chiropractors in 1986-87 and to Optometrists in 1987-88 are included.

2 The "Introductory Notes", page 19, describe inclusions in these classifications. Services originally paid as initial or complete assessments in 1986-87 but which were retroactively adjusted to consultations are grouped as consultations.

3 A change was made during 1987-88 to the method of counting allergy investigations. The service volumes in 1986-87 and 1987-88 have been adjusted to reflect this change.

# Table 12
# Per Cent of Services and Payments[1] by Type of Service

| Type of Service[2] | Per Cent of Total Services | | Per Cent of Total Payments | |
|---|---|---|---|---|
| | 1986-87 | 1987-88 | 1986-87 | 1987-88 |
| Complete Assessments | 3.14 | 2.97 | 6.11 | 5.79 |
| Partial Assessments | 31.28 | 30.47 | 30.33 | 29.47 |
| Minor Assessments | 1.08 | 1.18 | 1.08 | 1.12 |
| Special Calls | 4.02 | 4.52 | 4.16 | 4.38 |
| Hospital Care | 8.63 | 8.44 | 4.41 | 4.52 |
| Psychotherapy | 1.82 | 1.83 | 2.24 | 2.33 |
| | **49.97** | **49.41** | **48.33** | **47.61** |
| Consultations | **2.77** | **2.85** | **8.87** | **8.73** |
| Laboratory Services | 21.36 | 21.22 | 6.62 | 6.54 |
| Diagnostic Radiology | 1.71 | 1.70 | 3.30 | 3.22 |
| Other Diagnostic Procedures[3] | 7.95 | 8.06 | 5.95 | 6.35 |
| | **31.02** | **30.98** | **15.87** | **16.11** |
| Major Surgery | 0.71 | 0.73 | 8.77 | 8.94 |
| Minor Surgery | 1.65 | 1.81 | 1.54 | 1.55 |
| Obstetrics | 0.15 | 0.16 | 1.74 | 1.67 |
| Anaesthesia | 1.54 | 1.56 | 3.91 | 4.16 |
| Surgical Assistance | 0.45 | 0.48 | 0.82 | 0.85 |
| | **4.50** | **4.74** | **16.78** | **17.17** |
| Major Therapeutic Procedures | 0.56 | 0.54 | 0.88 | 0.87 |
| Minor Therapeutic Procedures | 2.06 | 2.27 | 0.72 | 0.81 |
| | **2.62** | **2.81** | **1.60** | **1.68** |
| Refractions by Physicians | **0.17** | **0.15** | **0.29** | **0.22** |
| **All Physician Services** | **91.05** | **90.94** | **91.74** | **91.52** |
| **Dental Services** | **0.14** | **0.14** | **0.50** | **0.48** |
| Refractions by Optometrists | 1.40 | 1.49 | 2.60 | 2.74 |
| Other Optometric Services | 0.59 | 0.68 | 0.31 | 0.35 |
| **All Optometrist Services** | **1.99** | **2.17** | **2.91** | **3.09** |
| Chiropractic Visit Services | 6.72 | 6.66 | 4.71 | 4.79 |
| Chiropractic X-Ray Services | 0.10 | 0.09 | 0.14 | 0.12 |
| **All Chiropractor Services** | **6.82** | **6.75** | **4.85** | **4.91** |
| **All Services** | **100.00** | **100.00** | **100.00** | **100.00** |

1 Retroactive payments made to Physicians and Chiropractors in 1986-87 and to Optometrists in 1987-88 are included

2 The "Introductory Notes", page 19, describe inclusions in these classifications. Services originally paid as initial or complete assessments in 1986-87 but which were retroactively adjusted to consultations are grouped as consultations

3 A change was made during 1987-88 to the method of counting allergy investigations. The service volumes in 1986-87 and 1987-88 have been adjusted to reflect this change

# Table 13
# Resident Physician Services by Type of Service and Type of Practitioner

| Type of Service (000's) \ Type of Practitioner | Family Practitioners | Paediatricians and Medical Geneticists | Internists and Physiatrists | Neurologists | Psychiatrists | Dermatologists | General Surgeons | Thoracic Surgeons |
|---|---|---|---|---|---|---|---|---|
| Visits | | | | | | | | |
| Consultations | 33.3 | 25.5 | 70.6 | 17.1 | 8.3 | 9.0 | 41.6 | 2.7 |
| Special Eye Examination | 12.7 | – | – | – | – | – | – | – |
| Complete Examination | 336.3 | 19.0 | 23.3 | 2.2 | 5.5 | 0.5 | 9.7 | 0.3 |
| Partial Examination | 3,743.7 | 48.8 | 47.7 | 3.7 | 7.1 | 6.7 | 30.5 | 1.3 |
| Well Baby Care | 39.6 | 1.7 | – | – | – | – | – | – |
| Other Office Visits | 0.3 | 1.9 | – | – | – | – | – | – |
| Hospital | | | | | | | | |
| Newborn, Premature | 12.7 | 5.2 | – | – | – | – | – | – |
| Other | 815.8 | 42.3 | 156.4 | 10.3 | 22.2 | 0.9 | 30.8 | 1.9 |
| Special Calls and Emergency | 517.2 | 8.5 | 13.9 | 1.2 | 1.3 | 0.8 | 7.7 | 0.2 |
| Psychotherapy | | | | | | | | |
| Base Time[1] | 91.8 | 0.1 | 0.1 | – | 56.1 | – | 0.2 | – |
| Additional Time | 68.3 | 0.2 | 0.2 | – | 26.9 | – | 0.1 | – |
| Major Surgery | 9.1 | – | 0.3 | – | – | – | 14.7 | 4.0 |
| Minor Surgery | 245.6 | 2.2 | – | – | – | 9.6 | 8.8 | – |
| Surgical Assistance | | | | | | | | |
| Base Time[1] | 20.8 | – | – | – | – | – | 1.0 | 0.1 |
| Additional Time | 35.3 | – | – | – | – | – | 1.8 | 0.2 |
| Obstetrics | 13.0 | – | – | – | – | – | – | – |
| Anaesthesia | | | | | | | | |
| Base Time[1] | 25.5 | – | – | – | – | – | 0.1 | – |
| Additional Time | 26.1 | – | – | – | – | – | – | – |
| Diagnostic Radiology | – | – | – | – | – | – | – | – |
| Pathology/Laboratory Services | 1,163.3 | 8.1 | 8.5 | – | – | 0.4 | 10.1 | – |
| Laboratory Tracings | 32.0 | – | 0.2 | – | – | – | 0.7 | – |
| Diagnostic Ultrasound | 1.4 | 0.1 | 8.3 | – | – | – | – | – |
| Other Diagnostic and Therapeutic Services | 439.1 | 189.8 | 287.9 | 10.8 | 3.5 | 9.7 | 15.8 | 3.0 |
| Special Diagnostic and Therapeutic Services | 140.8 | – | 0.1 | – | – | – | 0.3 | – |
| Miscellaneous Services | 11.8 | 1.3 | 1.0 | – | 0.1 | – | 0.2 | – |
| **Total Services** | **7,835.5** | **354.7** | **618.5** | **45.3** | **131.0** | **37.6** | **174.1** | **13.7** |

[1] Represents the number of instances these types of services were provided during the year.

**Note:** Services are grouped using a common national grouping.

## Table 13 (Continued)

| Ortho-paedic Surgeons | Plastic and Recon-structive Surgeons | Neuro-logical Surgeons | Urological Surgeons | Obstetri-cians and Gynaeco-logists | Ophthal-mologists | Otolaryn-gologists | Anaes-thetists | Pathol-ogists | Diagnostic Radiolo-gists | **Total Services** |
|---|---|---|---|---|---|---|---|---|---|---|
| 39.4 | 10.2 | 5.8 | 13.4 | 40.4 | 22.3 | 27.7 | 1.7 | – | – | **369.0** |
| – | – | – | – | – | 6.3 | – | – | – | – | **19.0** |
| 5.5 | 0.8 | 0.8 | 2.4 | 11.4 | 5.6 | 12.3 | – | – | – | **435.6** |
| 17.8 | 3.4 | 2.1 | 7.1 | 36.0 | 21.6 | 17.6 | – | – | – | **3,995.1** |
| – | – | – | – | – | – | – | – | – | – | **41.3** |
| – | – | – | – | 0.5 | – | – | – | – | – | **2.7** |
| – | – | – | – | – | – | – | – | – | – | **17.9** |
| 9.0 | 1.1 | 6.2 | 2.6 | 7.5 | 0.6 | 0.9 | 15.8 | – | – | **1,124.3** |
| 3.2 | 0.8 | 0.9 | 0.4 | 8.3 | 0.5 | 0.8 | 6.2 | – | 0.1 | **572.0** |
| – | – | – | – | 0.2 | – | – | – | – | – | **148.5** |
| – | – | – | – | 0.2 | – | – | – | – | – | **95.9** |
| 13.2 | 4.3 | 1.9 | 4.4 | 7.1 | 6.2 | 3.9 | – | – | – | **69.1** |
| 0.9 | 6.8 | 0.1 | 0.6 | 1.2 | 0.6 | 5.9 | – | – | – | **282.3** |
| 0.2 | – | 0.1 | 0.3 | 0.3 | – | – | – | – | – | **22.8** |
| 0.7 | 0.1 | 0.9 | 0.5 | 0.3 | – | 0.1 | – | – | – | **39.9** |
| – | – | – | – | 7.5 | – | – | – | – | – | **20.5** |
| 0.2 | – | 0.1 | – | – | – | – | 48.4 | – | 0.1 | **74.4** |
| 0.6 | – | 0.1 | – | – | – | – | 94.0 | – | 0.1 | **120.9** |
| – | – | – | – | – | – | – | – | – | 219.1 | **219.1** |
| 0.3 | – | – | 5.6 | 52.5 | – | 0.1 | – | 1,348.4 | – | **2,597.3** |
| 0.1 | – | – | – | – | – | – | – | 0.4 | – | **33.4** |
| – | – | – | – | 3.5 | 2.2 | – | – | – | 45.2 | **60.7** |
| 4.8 | 0.4 | 0.1 | 13.5 | 15.3 | 58.4 | 118.2 | 4.1 | 1.5 | 5.3 | **1,181.2** |
| – | – | – | – | 20.9 | – | – | – | – | 1.0 | **163.1** |
| – | – | 0.1 | – | 0.1 | – | – | 2.7 | – | – | **17.3** |
| **95.9** | **27.9** | **19.2** | **50.8** | **213.2** | **124.3** | **187.5** | **172.9** | **1,350.3** | **270.9** | **11,723.3** |

# Table 14
# Patients, Services and Payments for Selected Procedures

| Type of Procedure | Number of Services | Rate Per 1,000 Beneficiaries | | | Per Cent Change in Services/1000 1986-87 to 1987-88 |
|---|---|---|---|---|---|
| | | Patients | Payments | Services | |
| Allergy Investigation and Hyposensitization Injections[1] | 589,774 | 18.20 | 1,333.81 | 564.14 | 4.14 |
| Electrocardiograms, Vectorcardiograms and Echocardiograms | 323,635 | 145.21 | 3,332.13 | 309.57 | −1.40 |
| Submission of Papanicolau Smear | 160,936 | 268.00[f] | 989.32[f] | 309.18[f] | −0.28 |
| Removal of Cysts, Granulomata, Keratoses, Moles, Papilloma, Scars, Tumors or Warts | 43,453 | 29.97 | 1,008.44 | 41.56 | 14.27 |
| Suturing of Wounds | 36,560 | 32.91 | 1,229.05 | 34.97 | −0.31 |
| Delivery — Vaginal | 13,889 | 26.41[f] | 4,811.88[f] | 26.68[f] | −3.19 |
| — Caesarian | 2,872 | 5.50[f] | 1,516.32[f] | 5.52[f] | 3.56 |
| Plantar Wart Excision or Fulguration | 14,007 | 7.60 | 178.11 | 13.40 | 13.46 |
| Artificial Extra Corporeal Haemodialysis | 12,756 | 0.27 | 401.82 | 12.20 | 31.04 |
| Arthrocentesis — Joint Injections Shoulder, Elbow, Knee | 9,683 | 6.60 | 126.57 | 9.26 | −2.73 |
| Cystoscopy | 9,061 | 7.89 | 454.82 | 8.67 | 3.21 |
| Sigmoidoscopy | 8,226 | 7.26 | 204.56 | 7.87 | −22.00 |
| Dilatation and Curettage | 7,945 | 14.85[f] | 1,017.33[f] | 15.26[f] | 5.17 |
| Electroencephalograms or Echoencephalograms | 6,821 | 5.73 | 144.61 | 6.52 | −21.35 |
| Fractures, Open Surgical or Closed Reduction | 6,248 | 5.09 | 1,084.35 | 5.98 | −5.53 |
| Tubal Ligation | 3,764 | 7.22[f] | 1,234.05[f] | 7.23[f] | 12.09 |
| Tonsillectomy (With or Without Adenoidectomy) | 3,405 | 3.23 | 310.74 | 3.26 | −4.40 |
| Cataract Extraction | 3,278 | 2.90 | 1,455.40 | 3.14 | 12.95 |
| Cardiac Catheterization | 2,962 | 1.67 | 283.11 | 2.83 | −4.07 |
| Herniotomy, Inguinal, Femoral or Umbilical — Simple, Strangulated or Recurrent | 2,844 | 2.51 | 656.02 | 2.72 | 0.74 |
| Psychological Testing | 2,561 | 2.37 | 51.99 | 2.45 | 1.66 |
| Gall Bladder or Other Biliary Tract Surgery | 2,409 | 2.26 | 846.10 | 2.30 | — |
| Vasectomy | 2,407 | 4.57[m] | 611.30[m] | 4.59[m] | 6.74 |
| Hysterectomy — Abdominal | 1,490 | 2.86[f] | 953.54[f] | 2.86[f] | 0.35 |
| — Vaginal | 394 | 0.76[f] | 282.57[f] | 0.76[f] | −6.17 |
| Prostatectomy (With or Without Vasectomy) | 1,459 | 2.75[m] | 1,104.85[m] | 2.78[m] | 4.51 |
| Therapeutic Abortion | 1,233 | 2.35[f] | 209.82[f] | 2.37[f] | 10.23 |
| Appendectomy | 1,181 | 1.13 | 255.43 | 1.13 | −11.02 |
| Septoplasty or Submucous Resection | 1,126 | 1.07 | 275.04 | 1.08 | 4.85 |
| Varicose Veins (Ligation) | 1,119 | 0.37 | 82.00 | 1.07 | 5.94 |
| Arthroplasty — Total Hip Replacement | 766 | 0.61 | 450.62 | 0.73 | −2.67 |
| — Total Knee Replacement | 346 | 0.29 | 168.63 | 0.33 | 10.00 |
| Electroconvulsive Therapy | 1,108 | 0.15 | 25.94 | 1.06 | 27.71 |
| Genital Prolapse Repair | 1,088 | 1.93[f] | 559.66[f] | 2.09[f] | 8.29 |
| Salpingectomy, Oophorectomy and/or Ovarian Cystectomy | 496 | 0.95[f] | 257.12[f] | 0.95[f] | −2.06 |
| Spinal Disc Excision | 495 | 0.47 | 267.49 | 0.47 | 42.42 |
| Peptic Ulcer Surgery | 366 | 0.33 | 154.63 | 0.35 | −2.78 |
| Strabismus Operation | 333 | 0.26 | 73.22 | 0.32 | −8.57 |

[f] Rate per 1,000 female beneficiaries.

[m] Rate per 1,000 male beneficiaries.

[1] A change was made during 1987-88 to the method of counting allergy investigations. The service volumes in 1986-87 and 1987-88 have been adjusted to reflect this change.

# Table 15
# Patients, Services and Payments[1] for Selected Conditions

| Conditions | I.C.D.[2] | Number of Services (000's) | Rate Per 1,000 Beneficiaries | | |
|---|---|---|---|---|---|
| | | | Patients | Payments | Services |
| General Medical Examination — No Specific Diagnosis | V70 | 639 | 187.2 | 7,223 | 611 |
| Acute Upper Respiratory Infection (Except Influenza) | 460 - 465 | 508 | 241.7 | 7,388 | 486 |
| Refractive Errors | 367 | 309 | 207.7 | 6,723 | 295 |
| Hypertension | 401 - 405 | 300 | 70.3 | 4,157 | 287 |
| Ischaemic Heart Disease | 410 - 414 | 233 | 30.0 | 4,540 | 223 |
| Otitis Media | 381 & 382 | 228 | 81.9 | 3,509 | 218 |
| Diseases of the Urinary Tract | 580 - 599 | 226 | 62.7 | 3,758 | 216 |
| Diabetes Mellitus | 250 | 217 | 22.0 | 2,390 | 208 |
| Bronchitis | 466, 490 & 491 | 212 | 99.5 | 2,951 | 203 |
| Arthritis | 710 - 716 | 182 | 54.1 | 3,241 | 174 |
| Neuroses | 300 | 168 | 50.0 | 2,957 | 161 |
| Hay Fever | 477 | 149 | 18.2 | 905 | 143 |
| Asthma | 493 | 143 | 23.6 | 1,598 | 137 |
| Rheumatic Disease | 725 - 729 | 142 | 74.3 | 2,711 | 136 |
| Abdominal Swelling (Abdominal Pain) | Z07* | 122 | 43.4 | 2,297 | 116 |
| Eczema | 690 - 692 | 122 | 61.3 | 1,588 | 117 |
| Cerebrovascular Disease | 430 - 438 | 114 | 8.5 | 1,210 | 109 |
| Symptomatic Heart Disease | 428 & 429 | 114 | 14.1 | 1,384 | 109 |
| Diarrheal Disease | 009 | 113 | 43.6 | 1,714 | 108 |
| Disorders of Menstruation | Z08* & 626 | 107 | 71.4† | 3,303† | 205† |
| Symptoms — Respiratory System | 786 | 99 | 37.7 | 1,751 | 95 |
| Pneumonia | 480 - 486 | 85 | 16.9 | 1,090 | 81 |
| Infective Disease of Uterus (Except Cervix), Vagina, and Vulva | 615 & 616 | 80 | 62.9† | 2,122† | 154† |
| Vertebrogenic Pain Syndrome | 724 | 67 | 31.5 | 1,145 | 65 |
| Anaemias | 280 - 285 | 66 | 14.4 | 791 | 63 |
| Cellulitis and Abscess | 681 & 682 | 48 | 22.7 | 731 | 46 |
| Influenza | 487 | 46 | 27.6 | 619 | 44 |
| Gastritis and Duodenitis | 535 | 46 | 21.5 | 678 | 44 |
| Obesity | 278 | 39 | 15.8 | 551 | 37 |
| Symptoms — Cardiovascular and Lymphatic System | 289, 683 & 785 | 38 | 17.6 | 768 | 37 |
| Chronic Sinusitis | 473 | 35 | 21.0 | 518 | 33 |
| Alcoholic Psychosis and Alcoholism | 291 & 303 | 29 | 5.1 | 427 | 28 |
| Symptoms — Genitourinary System | 788 | 28 | 10.4 | 521 | 26 |
| Menopausal Symptoms | 627 | 26 | 19.6† | 805† | 50† |
| Disorders of Functions of Stomach | 536 | 22 | 11.7 | 334 | 21 |
| Myxedema | 244 | 21 | 7.9 | 287 | 20 |
| Epilepsy | 345 | 18 | 4.2 | 295 | 17 |
| Nervousness and Debility | 799 | 16 | 4.8 | 228 | 15 |
| Varicose Veins of Lower Extremity | 454 | 15 | 4.3 | 301 | 15 |
| Ulcer of Duodenum | 532 | 14 | 5.5 | 305 | 14 |
| Hypertrophy of Tonsils and Adenoids | 474 | 14 | 6.1 | 552 | 13 |
| Cholecystitis and Cholangitis Without Mention of Calculus | 575 & 576 | 13 | 3.7 | 454 | 13 |

[1] Excludes retroactive payments made to Optometrists for services provided in 1987-88.

[2] Ninth Revision International Classification of Diseases, 1977.

**Note:** MCIB records only one diagnosis of symptoms per claim even though the patient may have more than one condition.

* MCIB internally assigned code for the identification of a specific condition which is grouped within a general category in the I.C.D.

† Rate per 1,000 female beneficiaries.

# Table 16
# Turnover of Physicians

| | Family Practitioners | | Specialists | | All Physicians | |
|---|---|---|---|---|---|---|
| | Number | Per Cent Turnover | Number | Per Cent Turnover | Number | Per Cent Turnover |
| Practising in 1983-84[1] | 696 | | 352 | | 1,048 | |
| | | 8.3 | | 6.5 | | 7.7 |
| Still Practising in 1984-85[2] | 638 | | 329 | | 967 | |
| Practising in 1984-85[1] | 721 | | 371 | | 1,092 | |
| | | 10.7 | | 6.7 | | 9.3 |
| Still Practising in 1985-86[2] | 644 | | 346 | | 990 | |
| Practising in 1985-86[1] | 721 | | 383 | | 1,104 | |
| | | 8.7 | | 7.8 | | 8.4 |
| Still Practising in 1986-87[2] | 658 | | 353 | | 1,011 | |
| Practising in 1986-87[1] | 755 | | 405 | | 1,160 | |
| | | 10.9 | | 8.9 | | 10.2 |
| Still Practising in 1987-88[2] | 673 | | 369 | | 1,042 | |
| Practising in 1987-88[1] | 771 | | 403 | | 1,174 | |

1 Physicians receiving $7,500 or more in the fourth quarter and practising in Saskatchewan at the end of the fiscal year.

2 Physicians receiving $7,500 or more in the fourth quarter of two consecutive years and practising in Saskatchewan at the end of both fiscal years.

**Note:** The net number of physicians who entered practice in 1987-88 was 132, the difference between "Practising" (1,174) and "Still Practising" (1,042).

# Table 17
# Practitioners in Relation to Population and Practice Size

| Type of Practitioner[1] | Number of Practitioners | | Population Per Practitioner (000's) | | Average Number of Patients Per Practitioner[2] (000's) | | Average Patient Contacts Per Practitioner[3] (000's) | | Per Cent of Beneficiaries Treated | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1986-87 | 1987-88 | 1986-87 | 1987-88 | 1986-87 | 1987-88 | 1986-87 | 1987-88 | 1986-87 | 1987-88 |
| **Family Practitioners[4]** | **739** | **778** | **1.4** | **1.3** | **2.3** | **2.2** | **7.2** | **6.8** | **83.5** | **82.7** |
| Specialists[4] | | | | | | | | | | |
| Paediatricians and Medical Geneticists | 34 | 35 | 30.6 | 29.9 | 1.6 | 1.5 | 4.6 | 4.2 | 4.4 | 4.3 |
| Internists and Physiatrists | 73 | 75 | 14.3 | 13.9 | 2.2 | 2.1 | 4.3 | 4.3 | 10.7 | 10.8 |
| Neurologists | 10 | 10 | 104.1 | 104.5 | 2.3 | 2.2 | 3.4 | 3.3 | 1.9 | 1.9 |
| Psychiatrists | 21 | 27 | 49.6 | 38.7 | 0.6 | 0.5 | 4.1 | 3.7 | 1.1 | 1.2 |
| Dermatologists | 5 | 5 | 208.3 | 209.1 | 1.4 | 1.8 | 4.1 | 4.7 | 0.6 | 0.9 |
| Anaesthetists | 40 | 47 | 26.0 | 22.2 | 1.0 | 1.0 | 1.5 | 1.5 | 3.8 | 4.2 |
| General Surgeons | 56 | 53 | 18.6 | 19.7 | 1.0 | 1.1 | 2.7 | 2.6 | 5.3 | 5.0 |
| Thoracic Surgeons | 7 | 6 | 148.8 | 174.2 | 0.8 | 0.9 | 1.5 | 1.8 | 0.4 | 0.4 |
| Orthopaedic Surgeons | 25 | 25 | 41.7 | 41.8 | 1.6 | 1.6 | 3.3 | 3.5 | 3.6 | 3.7 |
| Plastic and Reconstructive Surgeons | 9 | 9 | 115.7 | 116.2 | 1.3 | 1.4 | 2.5 | 2.8 | 1.1 | 1.2 |
| Neurological Surgeons | 6 | 6 | 173.6 | 174.2 | 0.9 | 1.1 | 2.5 | 2.9 | 0.5 | 0.6 |
| Obstetricians and Gynaecologists | 29 | 32 | 35.9 | 32.7 | 1.5 | 1.5 | 3.9 | 3.8 | 3.9 | 4.1 |
| Urological Surgeons | 15 | 13 | 69.4 | 80.4 | 1.4 | 1.6 | 2.3 | 2.4 | 1.7 | 1.7 |
| Ophthalmologists | 12 | 12 | 86.8 | 87.1 | 3.0 | 3.0 | 5.2 | 5.2 | 3.8 | 3.3 |
| Otolaryngologists | 11 | 11 | 94.7 | 95.0 | 3.1 | 3.1 | 6.2 | 6.2 | 3.2 | 3.2 |
| Pathologists | 7 | 8 | 148.8 | 130.7 | 32.9 | 34.0 | – | – | 20.8 | 22.9 |
| Diagnostic Radiologists | 33 | 34 | 31.6 | 30.7 | 5.3 | 5.2 | – | – | 13.6 | 14.0 |
| All Specialists[4] | **393** | **408** | **2.6** | **2.6** | **2.4** | **2.5** | **3.5** | **3.4** | **43.4** | **44.6** |
| **All Physicians[4]** | **1,132** | **1,186** | **0.9** | **0.9** | **2.4** | **2.3** | **6.0** | **5.7** | **86.0** | **85.2** |
| **Registered Physicians[5]** | **1,470** | **1,501** | **0.7** | **0.7** | – | – | – | – | – | – |
| **Optometrists[4]** | **87** | **87** | **12.0** | **12.0** | **2.1** | **2.2** | **2.1** | **2.3** | **17.9** | **19.1** |
| **Registered Optometrists[5]** | **99** | **97** | **10.5** | **10.8** | – | – | – | – | – | – |
| **Chiropractors[4]** | **89** | **96** | **11.7** | **10.9** | **1.5** | **1.4** | **9.5** | **8.8** | **10.5** | **10.5** |
| **Registered Chiropractors[5]** | **101** | **104** | **10.3** | **10.1** | – | – | – | – | – | – |

[1] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] The size of practice is the number of different persons on whose behalf a claim was paid during the year.

[3] A patient contact represents each time a practitioner saw a patient professionally regardless of the number of services provided at the time. Services which could be billed in addition to an office visit are excluded. In surgical cases, the patient contacts are understated since most of these procedures are a composite of procedure and pre- and post-operative care. Since patient contacts are not normally made by Pathologists or Radiologists, these two specialties are excluded.

[4] Practitioners receiving $30,000 or more in MCIB payments during the year and practising in Saskatchewan under MCIB coverage at the end of the year.

[5] Registered Practitioners:

Resident Saskatchewan Physicians as shown by the College of Physicians and Surgeons of Saskatchewan at the end of the year.

Resident Saskatchewan Optometrists as shown by the Saskatchewan Association of Optometrists at the end of the year.

Resident Saskatchewan Chiropractors as shown by the Chiropractors' Association of Saskatchewan at the end of the year.

# Table 18
# Practitioners by Size of Practice

| Type of Practitioner[1] | Number of Practitioners[2] | Size of Practice by Range of Patients[3] | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Less than 500 | 500-1,000 | 1,001-1,500 | 1,501-2,000 | 2,001-2,500 | 2,501-3,000 | 3,001-3,500 | More than 3,500 |
| **Family Practitioners** | | | | | | | | | |
| Urban: | 517 | 8 | 39 | 79 | 122 | 91 | 65 | 51 | 62 |
| Association | 388 | 2 | 21 | 56 | 91 | 72 | 53 | 41 | 52 |
| Solo | 129 | 6 | 18 | 23 | 31 | 19 | 12 | 10 | 10 |
| Rural: | 261 | – | 20 | 57 | 73 | 38 | 48 | 14 | 11 |
| Association | 161 | – | 13 | 27 | 31 | 30 | 39 | 13 | 8 |
| Solo | 100 | – | 7 | 30 | 42 | 8 | 9 | 1 | 3 |
| **All Family Practitioners 1987-88** | **778** | **8** | **59** | **136** | **195** | **129** | **113** | **65** | **73** |
| All Family Practitioners 1986-87 | 739 | 3 | 43 | 131 | 162 | 134 | 110 | 68 | 88 |
| **Specialists** | | | | | | | | | |
| Paediatricians and Medical Geneticists | 35 | 4 | 7 | 9 | 6 | 4 | 2 | 2 | 1 |
| Internists and Physiatrists | 75 | 12 | 17 | 5 | 7 | 9 | 6 | 6 | 13 |
| Neurologists | 10 | – | 4 | 1 | 2 | 1 | – | – | 2 |
| Psychiatrists | 27 | 16 | 8 | 3 | – | – | – | – | – |
| Dermatologists | 5 | – | – | 3 | – | 1 | – | 1 | – |
| Anaesthetists | 47 | 5 | 19 | 11 | 12 | – | – | – | – |
| General Surgeons | 53 | 4 | 22 | 18 | 8 | – | 1 | – | – |
| Thoracic Surgeons | 6 | 2 | 2 | 2 | – | – | – | – | – |
| Orthopaedic Surgeons | 25 | 2 | 4 | 4 | 6 | 8 | – | 1 | – |
| Plastic and Reconstructive Surgeons | 9 | – | 1 | 4 | 3 | 1 | – | – | – |
| Neurological Surgeons | 6 | – | 4 | 1 | 1 | – | – | – | – |
| Obstetricians and Gynaecologists | 32 | 1 | 8 | 7 | 9 | 5 | 2 | – | – |
| Urological Surgeons | 13 | 1 | 1 | 4 | 4 | 2 | 1 | – | – |
| Ophthalmologists | 12 | – | – | – | 3 | 1 | 2 | 1 | 5 |
| Otolaryngologists | 11 | – | – | 1 | 2 | – | 2 | 4 | 2 |
| Pathologists | 8 | – | – | – | – | – | – | – | 8 |
| Diagnostic Radiologists | 34 | – | 1 | 3 | 3 | – | 2 | 2 | 23 |
| **All Specialists 1987-88** | **408** | **47** | **98** | **76** | **66** | **32** | **18** | **17** | **54** |
| All Specialists 1986-87 | 393 | 40 | 94 | 77 | 54 | 36 | 22 | 11 | 59 |
| **All Physicians 1987-88** | **1,186** | **55** | **157** | **212** | **261** | **161** | **131** | **82** | **127** |
| All Physicians 1986-87 | 1,132 | 43 | 137 | 208 | 216 | 170 | 132 | 79 | 147 |
| **Optometrists 1987-88** | **87** | **–** | **1** | **19** | **22** | **18** | **14** | **8** | **5** |
| Optometrists 1986-87 | 87 | – | – | 23 | 27 | 16 | 12 | 5 | 4 |
| **Chiropractors 1987-88** | **96** | **2** | **25** | **33** | **25** | **8** | **1** | **1** | **1** |
| Chiropractors 1986-87 | 89 | – | 21 | 37 | 16 | 11 | 2 | 1 | 1 |

[1] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Practitioners receiving $30,000 or more in MCIB payments during the year and practising in Saskatchewan under MCIB coverage at the end of the year.

[3] The size of practice is the number of different persons on whose behalf a claim was paid during the year.

# Table 19
# Practitioners by Range of Patient Contacts

| Type of Practitioner[1] | Number of Practitioners[2] | Range of Patient Contacts[3] 1-2,000 | 2,001-4,000 | 4,001-6,000 | 6,001-8,000 | 8,001-10,000 | 10,001-12,000 | Over 12,000 |
|---|---|---|---|---|---|---|---|---|
| **Family Practitioners** | | | | | | | | |
| Urban: | 517 | 34 | 120 | 131 | 102 | 64 | 42 | 24 |
| Association | 388 | 17 | 97 | 100 | 85 | 46 | 28 | 15 |
| Solo | 129 | 17 | 23 | 31 | 17 | 18 | 14 | 9 |
| Rural: | 261 | 4 | 30 | 40 | 57 | 58 | 43 | 29 |
| Association | 161 | 4 | 24 | 28 | 36 | 31 | 25 | 13 |
| Solo | 100 | — | 6 | 12 | 21 | 27 | 18 | 16 |
| **All Family Practitioners 1987-88** | **778** | **38** | **150** | **171** | **159** | **122** | **85** | **53** |
| All Family Practitioners 1986-87 | 739 | 27 | 129 | 143 | 149 | 134 | 84 | 73 |
| **Specialists** | | | | | | | | |
| Paediatricians and Medical Geneticists | 35 | 8 | 14 | 6 | 4 | 1 | 1 | 1 |
| Internists and Physiatrists | 75 | 25 | 18 | 13 | 8 | 7 | 3 | 1 |
| Neurologists | 10 | 5 | 3 | — | 1 | — | 1 | — |
| Psychiatrists | 27 | 10 | 6 | 6 | 2 | 3 | — | — |
| Dermatologists | 5 | 1 | 1 | 1 | 2 | — | — | — |
| Anaesthetists | 47 | 42 | 3 | — | 2 | — | — | — |
| General Surgeons | 53 | 18 | 32 | 1 | 1 | — | 1 | — |
| Thoracic Surgeons | 6 | 4 | 2 | — | — | — | — | — |
| Orthopaedic Surgeons | 25 | 3 | 14 | 7 | — | 1 | — | — |
| Plastic and Reconstructive Surgeons | 9 | 1 | 7 | 1 | — | — | — | — |
| Neurological Surgeons | 6 | — | 5 | 1 | — | — | — | — |
| Obstetricians and Gynaecologists | 32 | 5 | 14 | 10 | 3 | — | — | — |
| Urological Surgeons | 13 | 6 | 6 | 1 | — | — | — | — |
| Ophthalmologists | 12 | — | 4 | 4 | 2 | 2 | — | — |
| Otolaryngologists | 11 | — | 3 | 3 | 2 | 3 | — | — |
| **All Specialists 1987-88** | **366** | **128** | **132** | **54** | **27** | **17** | **6** | **2** |
| All Specialists 1986-87 | 353 | 118 | 134 | 49 | 29 | 16 | 5 | 2 |
| **All Physicians 1987-88** | **1,144** | **166** | **282** | **225** | **186** | **139** | **91** | **55** |
| All Physicians 1986-87 | 1,092 | 145 | 263 | 192 | 178 | 150 | 89 | 75 |
| **Optometrists 1987-88** | **87** | **37** | **46** | **2** | **2** | **—** | **—** | **—** |
| Optometrists 1986-87 | 87 | 49 | 34 | 2 | 2 | — | — | — |
| **Chiropractors 1987-88** | **96** | **—** | **7** | **13** | **21** | **20** | **15** | **20** |
| Chiropractors 1986-87 | 89 | — | 3 | 7 | 26 | 16 | 19 | 18 |

[1] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Practitioners receiving $30,000 or more in MCIB payments during the year and practising in Saskatchewan under MCIB coverage at the end of the year.

[3] A patient contact represents each time the practitioner saw a patient professionally regardless of the number of services provided at the time. Services which could be billed in addition to an office visit are excluded. In surgical cases, the patient contacts are understated since most of these procedures are a composite of procedure and pre- and post-operative care. Since patient contacts are not normally made by Pathologists or Radiologists, these two specialties are excluded.

# Table 20
# Practitioners by Place of Graduation[1]

| Type of Practitioner[2] | Number of Practitioners[3] | Canada | | U.S.A., Central and South America | United Kingdom and Eire | Continental Europe | Asia | Africa | Australia |
|---|---|---|---|---|---|---|---|---|---|
| | | Sask. | Other Prov. | | | | | | |
| **Family Practitioners** | | | | | | | | | |
| Urban: | 517 | 210 | 64 | 12 | 128 | 9 | 73 | 19 | 2 |
| Association | 388 | 179 | 48 | 6 | 87 | 5 | 47 | 15 | 1 |
| Solo | 129 | 31 | 16 | 6 | 41 | 4 | 26 | 4 | 1 |
| Rural: | 261 | 56 | 35 | 2 | 76 | 2 | 43 | 47 | — |
| Association | 161 | 48 | 26 | — | 32 | 1 | 26 | 28 | — |
| Solo | 100 | 8 | 9 | 2 | 44 | 1 | 17 | 19 | — |
| **All Family Practitioners 1987-88** | **778** | **266** | **99** | **14** | **204** | **11** | **116** | **66** | **2** |
| All Family Practitioners 1986-87 | 739 | 246 | 98 | 13 | 212 | 11 | 115 | 43 | 1 |
| **Specialists** | | | | | | | | | |
| Paediatricians and Medical Geneticists | 35 | 4 | 7 | 3 | 6 | — | 13 | 2 | — |
| Internists and Physiatrists | 75 | 20 | 24 | 4 | 10 | 3 | 10 | 4 | — |
| Neurologists | 10 | 1 | 1 | 1 | 3 | — | 4 | — | — |
| Psychiatrists | 27 | 5 | 5 | — | 5 | 2 | 9 | 1 | — |
| Dermatologists | 5 | 1 | 3 | — | 1 | — | — | — | — |
| Anaesthetists | 47 | 21 | 7 | — | 13 | 1 | 5 | — | — |
| General Surgeons | 53 | 11 | 16 | 1 | 11 | 1 | 12 | 1 | — |
| Thoracic Surgeons | 6 | — | — | 2 | 2 | — | 2 | — | — |
| Orthopaedic Surgeons | 25 | 7 | 6 | 1 | 8 | 1 | 2 | — | — |
| Plastic and Reconstructive Surgeons | 9 | 3 | 3 | — | 1 | 1 | 1 | — | — |
| Neurological Surgeons | 6 | 1 | 1 | — | 1 | — | 2 | 1 | — |
| Obstetricians and Gynaecologists | 32 | 9 | 5 | 1 | 8 | 2 | 3 | 4 | — |
| Urological Surgeons | 13 | 4 | 8 | — | — | — | 1 | — | — |
| Ophthalmologists | 12 | 4 | 5 | — | 3 | — | — | — | — |
| Otolaryngologists | 11 | 6 | 2 | — | 1 | — | 2 | — | — |
| Pathologists | 8 | — | 3 | — | 2 | — | 2 | 1 | — |
| Diagnostic Radiologists | 34 | 13 | 7 | — | 4 | 3 | 6 | 1 | — |
| **All Specialists 1987-88** | **408** | **110** | **103** | **13** | **79** | **14** | **74** | **15** | **—** |
| All Specialists 1986-87 | 393 | 99 | 108 | 11 | 77 | 12 | 71 | 14 | 1 |
| **All Physicians 1987-88** | **1,186** | **376** | **202** | **27** | **283** | **25** | **190** | **81** | **2** |
| All Physicians 1986-87 | 1,132 | 345 | 206 | 24 | 289 | 23 | 186 | 57 | 2 |
| **Optometrists 1987-88** | **87** | **—** | **83** | **4** | **—** | **—** | **—** | **—** | **—** |
| Optometrists 1986-87 | 87 | — | 84 | 3 | — | — | — | — | — |
| **Chiropractors 1987-88** | **96** | **—** | **88** | **8** | **—** | **—** | **—** | **—** | **—** |
| Chiropractors 1986-87 | 89 | — | 83 | 6 | — | — | — | — | — |

[1] The place of graduation is the location at which the first medical, optometric, or chiropractic degree was obtained.

[2] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[3] Practitioners receiving $30,000 or more in MCIB payments during the year and practising in Saskatchewan under MCIB coverage at the end of the year.

# Table 21
# Practitioners by Age Group

| Type of Practitioner[1] | Number of Practitioners[2] | Age Group | | | | |
|---|---|---|---|---|---|---|
| | | Under 35 | 35-44 | 45-54 | 55-64 | 65+ |
| **Family Practitioners** | | | | | | |
| Urban: | 517 | 141 | 167 | 96 | 83 | 30 |
| Association | 388 | 130 | 129 | 58 | 54 | 17 |
| Solo | 129 | 11 | 38 | 38 | 29 | 13 |
| Rural: | 261 | 60 | 70 | 61 | 59 | 11 |
| Association | 161 | 43 | 49 | 35 | 27 | 7 |
| Solo | 100 | 17 | 21 | 26 | 32 | 4 |
| **All Family Practitioners 1987-88** | **778** | **201** | **237** | **157** | **142** | **41** |
| All Family Practitioners 1986-87 | 739 | 177 | 240 | 159 | 126 | 37 |
| **Specialists** | | | | | | |
| Paediatricians and Medical Geneticists | 35 | 3 | 14 | 10 | 5 | 3 |
| Internists and Physiatrists | 75 | 8 | 28 | 24 | 11 | 4 |
| Neurologists | 10 | – | 3 | 4 | 3 | – |
| Psychiatrists | 27 | 2 | 4 | 12 | 7 | 2 |
| Dermatologists | 5 | 1 | 2 | – | 2 | – |
| Anaesthetists | 47 | 11 | 17 | 8 | 6 | 5 |
| General Surgeons | 53 | 3 | 9 | 21 | 12 | 8 |
| Thoracic Surgeons | 6 | 1 | 2 | 1 | 2 | – |
| Orthopaedic Surgeons | 25 | 3 | 10 | 3 | 8 | 1 |
| Plastic and Reconstructive Surgeons | 9 | 1 | 4 | 1 | 3 | – |
| Neurological Surgeons | 6 | – | 2 | 2 | 2 | – |
| Obstetricians and Gynaecologists | 32 | 1 | 12 | 8 | 9 | 2 |
| Urological Surgeons | 13 | 3 | 2 | 6 | 2 | – |
| Ophthalmologists | 12 | – | 3 | 2 | 6 | 1 |
| Otolaryngologists | 11 | 2 | 4 | 3 | 2 | – |
| Pathologists | 8 | – | 2 | 2 | 4 | – |
| Diagnostic Radiologists | 34 | 6 | 13 | 6 | 9 | – |
| **All Specialists 1987-88** | **408** | **45** | **131** | **113** | **93** | **26** |
| All Specialists 1986-87 | 393 | 40 | 127 | 112 | 91 | 23 |
| **All Physicians 1987-88** | **1,186** | **246** | **368** | **270** | **235** | **67** |
| All Physicians 1986-87 | 1,132 | 217 | 367 | 271 | 217 | 60 |
| **Optometrists 1987-88** | **87** | **25** | **28** | **11** | **18** | **5** |
| Optometrists 1986-87 | 87 | 29 | 23 | 10 | 20 | 5 |
| **Chiropractors 1987-88** | **96** | **38** | **26** | **10** | **16** | **6** |
| Chiropractors 1986-87 | 89 | 36 | 27 | 8 | 14 | 4 |

1 Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

2 Practitioners receiving $30,000 or more in MCIB payments during the year and practising in Saskatchewan under MCIB coverage at the end of the year.

# Table 22
## Average Payment[1] (000's) Per Resident Practitioner[2] by Specialty and Range of Paid Amount

| | Type of Practitioner[3] | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | All Physicians | | Family Practitioners | | | | | |
| | | | Urban Association | | Rural Association | | Urban Solo | |
| | Average Payment | Number | Average Payment | Number | Average Payment | Number | Average Payment | Number |
| Practitioners[4] | 155.3 | 1,186 | 120.2 | 388 | 137.2 | 161 | 131.3 | 129 |
| Highest Paid | 4,307.9 | | 296.7 | | 353.5 | | 318.4 | |
| Less than $ 30,000 | 10.5 | 149 | 10.8 | 50 | 12.7 | 8 | 10.9 | 27 |
| $ 30,000 - $ 39,999 | 34.5 | 43 | 35.3 | 13 | 34.4 | 6 | 32.9 | 8 |
| $ 40,000 - $ 59,999 | 49.8 | 100 | 49.1 | 43 | 49.8 | 11 | 49.4 | 10 |
| $ 60,000 - $ 79,999 | 70.4 | 126 | 70.4 | 60 | 70.1 | 17 | 70.1 | 17 |
| $ 80,000 - $ 99,999 | 90.3 | 112 | 89.1 | 47 | 89.2 | 12 | 91.1 | 14 |
| $100,000 - $119,999 | 109.7 | 114 | 110.0 | 44 | 110.3 | 19 | 109.3 | 11 |
| $120,000 - $139,999 | 129.6 | 122 | 129.5 | 41 | 130.0 | 20 | 128.5 | 15 |
| $140,000 - $159,999 | 149.5 | 123 | 149.2 | 46 | 149.1 | 19 | 148.3 | 10 |
| $160,000 - $179,999 | 170.2 | 105 | 169.8 | 32 | 171.0 | 17 | 169.1 | 13 |
| $180,000 - $199,999 | 188.5 | 91 | 187.8 | 24 | 189.6 | 18 | 187.6 | 11 |
| Over $200,000 | 307.8 | 250 | 228.4 | 38 | 237.8 | 22 | 242.1 | 20 |
| **Total** | **139.1** | **1,335** | **107.7** | **438** | **131.3** | **169** | **110.5** | **156** |

| | Neurologists | | Psychiatrists | | Dermatologists | | Anaesthetists | |
|---|---|---|---|---|---|---|---|---|
| | Average Payment | Number | Average Payment | Number | Average Payment | Number | Average Payment | Number |
| Practitioners[4] | 172.0 | 10 | 134.6 | 27 | 114.8 | 5 | 145.9 | 47 |
| Highest Paid | 587.1 | | 318.6 | | 171.3 | | 275.3 | |
| Less than $ 30,000 | – | – | 7.5 | 11 | – | – | 14.4 | 1 |
| $ 30,000 - $ 39,999 | – | – | 38.3 | 2 | – | – | – | – |
| $ 40,000 - $ 59,999 | 55.7 | 2 | 49.0 | 6 | 54.7 | 1 | 53.6 | 5 |
| $ 60,000 - $ 79,999 | 75.6 | 2 | 67.0 | 3 | – | – | 76.7 | 1 |
| $ 80,000 - $ 99,999 | – | – | 81.9 | 2 | 96.9 | 1 | 96.9 | 1 |
| $100,000 - $119,999 | 106.1 | 3 | 110.9 | 2 | 108.1 | 1 | 107.4 | 6 |
| $120,000 - $139,999 | 127.3 | 1 | 134.4 | 1 | – | – | 128.2 | 7 |
| $140,000 - $159,999 | – | – | 145.9 | 1 | 142.8 | 1 | 154.3 | 9 |
| $160,000 - $179,999 | – | – | 165.9 | 1 | 171.3 | 1 | 172.5 | 6 |
| $180,000 - $199,999 | – | – | 191.9 | 1 | – | – | 191.0 | 8 |
| Over $200,000 | 506.1 | 2 | 254.8 | 8 | – | – | 229.9 | 4 |
| **Total** | **172.0** | **10** | **97.8** | **38** | **114.8** | **5** | **143.1** | **48** |

| | Obstetricians and Gynaecologists | | Urological Surgeons | | Ophthalmologists | | Otolaryngologists | |
|---|---|---|---|---|---|---|---|---|
| | Average Payment | Number | Average Payment | Number | Average Payment | Number | Average Payment | Number |
| Practitioners[4] | 215.4 | 32 | 179.4 | 13 | 290.5 | 12 | 293.0 | 11 |
| Highest Paid | 440.2 | | 365.0 | | 525.8 | | 476.3 | |
| Less than $ 30,000 | 7.8 | 2 | 3.8 | 1 | – | – | 9.0 | 1 |
| $ 30,000 - $ 39,999 | 37.9 | 1 | – | – | – | – | – | – |
| $ 40,000 - $ 59,999 | 54.5 | 2 | 56.1 | 1 | – | – | – | – |
| $ 60,000 - $ 79,999 | 76.7 | 2 | – | – | – | – | – | – |
| $ 80,000 - $ 99,999 | 99.9 | 1 | – | – | – | – | 87.4 | 1 |
| $100,000 - $119,999 | – | – | 111.2 | 1 | 115.7 | 1 | – | – |
| $120,000 - $139,999 | 131.7 | 3 | – | – | – | – | 136.3 | 1 |
| $140,000 - $159,999 | 156.0 | 1 | 148.8 | 2 | 158.4 | 1 | – | – |
| $160,000 - $179,999 | 175.5 | 2 | 172.5 | 4 | 165.7 | 1 | – | – |
| $180,000 - $199,999 | 191.6 | 2 | 180.2 | 1 | 197.6 | 1 | – | – |
| Over $200,000 | 289.3 | 18 | 249.3 | 4 | 356.1 | 8 | 333.2 | 9 |
| **Total** | **203.2** | **34** | **166.9** | **14** | **290.5** | **12** | **269.3** | **12** |

1 Represents gross payments, including retroactive payments, by the Medical Care Insurance Branch from which the practitioners must pay overhead costs which may be high in specialties such as Radiology and Pathology. The MCIB payments should not be taken to represent total professional income since the practitioners may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MCIB.

2 Includes Physicians, Chiropractors, and Optometrists resident in Saskatchewan at the end of the year.

## Table 22 (Continued)

| Type of Practitioner[3] | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | All Family Practitioners | | All Specialists | | | | | |
| Rural Solo | | | | | | Paediatricians and Medical Geneticists | | Internists and Physiatrists | |
| Average Payment | Number | Average Payment | Number | Average Payment | Number | Average Payment | Number | Average Payment | Number |
| 152.9 | 100 | 129.8 | 778 | 203.9 | 408 | 130.9 | 35 | 177.2 | 75 |
| 307.0 | | 353.5 | | 4,307.9 | | 452.0 | | 635.2 | |
| 13.0 | 15 | 11.3 | 100 | 8.8 | 49 | 7.6 | 7 | 10.0 | 11 |
| — | — | 34.4 | 27 | 34.8 | 16 | 36.2 | 3 | 32.5 | 7 |
| 50.7 | 5 | 49.4 | 69 | 50.7 | 31 | 52.9 | 3 | 47.9 | 6 |
| 76.3 | 4 | 70.6 | 98 | 70.0 | 28 | 62.9 | 1 | 68.5 | 13 |
| 94.7 | 9 | 90.1 | 82 | 90.7 | 30 | 90.5 | 8 | 90.5 | 5 |
| 108.6 | 12 | 109.8 | 86 | 109.5 | 28 | 108.5 | 5 | 110.6 | 4 |
| 129.6 | 15 | 129.5 | 91 | 130.0 | 31 | 131.6 | 5 | 125.0 | 1 |
| 150.0 | 13 | 149.2 | 88 | 150.4 | 35 | 154.0 | 3 | 141.4 | 3 |
| 168.3 | 15 | 169.6 | 77 | 171.5 | 28 | 165.9 | 1 | 175.7 | 2 |
| 188.0 | 8 | 188.3 | 61 | 188.9 | 30 | 190.2 | 2 | 188.4 | 2 |
| 245.1 | 19 | 236.5 | 99 | 354.6 | 151 | 329.9 | 4 | 303.4 | 32 |
| **134.7** | **115** | **116.3** | **878** | **183.0** | **457** | **110.4** | **42** | **155.8** | **86** |

| General Surgeons | | Thoracic Surgeons | | Orthopaedic Surgeons | | Plastic and Reconstructive Surgeons | | Neurological Surgeons | |
|---|---|---|---|---|---|---|---|---|---|
| Average Payment | Number | Average Payment | Number | Average Payment | Number | Average Payment | Number | Average Payment | Number |
| 149.8 | 53 | 295.0 | 6 | 219.7 | 25 | 196.2 | 9 | 203.9 | 6 |
| 315.5 | | 461.4 | | 605.1 | | 293.1 | | 342.3 | |
| 5.9 | 5 | — | — | 9.0 | 2 | — | — | — | — |
| 34.7 | 2 | — | — | 36.4 | 1 | — | — | — | — |
| 45.9 | 2 | — | — | 52.1 | 1 | — | — | — | — |
| 71.0 | 3 | — | — | 78.6 | 1 | — | — | — | — |
| 91.4 | 6 | 81.5 | 1 | 99.8 | 1 | — | — | — | — |
| 110.2 | 3 | — | — | — | — | 112.8 | 1 | — | — |
| 129.3 | 9 | — | — | — | — | — | — | 132.6 | 2 |
| 150.5 | 6 | — | — | 143.0 | 3 | 155.2 | 1 | 142.0 | 2 |
| 173.2 | 4 | — | — | 167.5 | 3 | 179.1 | 1 | — | — |
| 183.5 | 6 | — | — | 182.6 | 1 | 192.0 | 3 | — | — |
| 235.4 | 12 | 337.6 | 5 | 293.7 | 14 | 247.6 | 3 | 337.3 | 2 |
| **137.4** | **58** | **295.0** | **6** | **204.1** | **27** | **196.2** | **9** | **203.9** | **6** |

| Pathologists | | Diagnostic Radiologists | | Optometrists | | Chiropractors | |
|---|---|---|---|---|---|---|---|
| Average Payment | Number | Average Payment | Number | Average Payment | Number | Average Payment | Number |
| 1,121.9 | 8 | 277.5 | 34 | 72.0 | 87 | 105.6 | 96 |
| 4,307.9 | | 857.4 | | 223.1 | | 201.0 | |
| — | — | 12.2 | 8 | 14.1 | 10 | 11.3 | 6 |
| — | — | — | — | 33.4 | 4 | 35.8 | 6 |
| — | — | 44.0 | 2 | 47.6 | 28 | 51.2 | 6 |
| — | — | 66.3 | 2 | 67.0 | 26 | 70.3 | 16 |
| 91.0 | 1 | 89.6 | 2 | 84.8 | 16 | 89.2 | 19 |
| — | — | 116.9 | 1 | 108.6 | 9 | 108.9 | 13 |
| — | — | 127.1 | 1 | 127.3 | 1 | 130.0 | 16 |
| — | — | 157.9 | 2 | — | — | 149.4 | 7 |
| 161.5 | 1 | 171.1 | 1 | 162.6 | 1 | 170.3 | 11 |
| — | — | 190.3 | 3 | — | — | 184.1 | 1 |
| 1,453.8 | 6 | 386.6 | 20 | 215.4 | 2 | 201.0 | 1 |
| **1,121.9** | **8** | **226.9** | **42** | **66.0** | **97** | **100.1** | **102** |

[3] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[4] Practitioners receiving $30,000 or more in MCIB payments during the year and practising in Saskatchewan under MCIB coverage at the end of the year.

# Table 23
# Average Payment Per Practitioner by Specialty, 1982-83 to 1987-88

| Type of Practitioner[1] | Average Payment[2] (000's) 1982-83 | 1983-84 | 1984-85 | 1985-86 | 1986-87 | 1987-88 | Average Annual Per Cent Change 1982-83 to 1987-88 |
|---|---|---|---|---|---|---|---|
| **Family Practitioners** | | | | | | | |
| Urban: | 108.7 | 116.4 | 117.8 | 122.9 | 129.1 | 122.9 | 2.49 |
| Association | 105.9 | 111.5 | 116.0 | 120.6 | 126.0 | 120.2 | 2.57 |
| Solo | 115.1 | 128.9 | 122.5 | 129.4 | 138.2 | 131.3 | 2.67 |
| Rural: | 123.0 | 129.0 | 136.7 | 140.2 | 147.9 | 143.2 | 3.09 |
| Association | 122.8 | 126.3 | 133.0 | 134.9 | 138.8 | 137.2 | 2.24 |
| Solo | 123.2 | 132.9 | 142.7 | 147.0 | 159.9 | 152.9 | 4.41 |
| **All Family Practitioners** | **114.5** | **121.5** | **125.0** | **129.0** | **135.6** | **129.8** | **2.54** |
| **Specialists** | | | | | | | |
| Paediatricians and Medical Geneticists | 111.6 | 115.0 | 120.3 | 137.1 | 139.1 | 130.9 | 3.24 |
| Internists and Physiatrists | 131.7 | 141.8 | 152.6 | 170.6 | 177.2 | 177.2 | 6.11 |
| Neurologists | 136.2 | 126.1 | 154.8 | 160.5 | 180.0 | 172.0 | 4.78 |
| Psychiatrists | 127.0 | 113.4 | 125.8 | 133.1 | 153.5 | 134.6 | 1.17 |
| Dermatologists | 82.3 | 85.7 | 93.1 | 79.0 | 87.1 | 114.8 | 6.88 |
| Anaesthetists | 105.4 | 119.3 | 127.8 | 122.5 | 134.8 | 145.9 | 6.72 |
| General Surgeons | 118.7 | 122.4 | 125.1 | 133.4 | 146.1 | 149.8 | 4.76 |
| Thoracic Surgeons | 167.2 | 185.7 | 222.2 | 252.4 | 230.7 | 295.0 | 12.03 |
| Orthopaedic Surgeons | 154.9 | 175.2 | 188.9 | 200.7 | 211.5 | 219.7 | 7.24 |
| Plastic and Reconstructive Surgeons | 148.4 | 166.8 | 166.7 | 177.9 | 188.4 | 196.2 | 5.74 |
| Neurological Surgeons | 97.9 | 135.2 | 144.7 | 158.0 | 182.7 | 203.9 | 15.80 |
| Obstetricians and Gynaecologists | 170.2 | 178.0 | 182.2 | 191.5 | 219.6 | 215.4 | 4.82 |
| Urological Surgeons | 137.4 | 140.7 | 146.6 | 145.4 | 166.3 | 179.4 | 5.48 |
| Ophthalmologists | 136.0 | 165.1 | 184.2 | 209.8 | 282.9 | 290.5 | 16.39 |
| Otolaryngologists | 236.4 | 239.6 | 299.2 | 267.7 | 300.0 | 293.0 | 4.39 |
| Pathologists | 1,112.3 | 962.4 | 951.8 | 1,042.0 | 1,219.1 | 1,121.9 | 0.17 |
| Diagnostic Radiologists | 202.0 | 240.4 | 250.7 | 261.7 | 272.8 | 277.5 | 6.56 |
| **All Specialists** | **148.0** | **159.4** | **172.5** | **185.1** | **202.2** | **203.9** | **6.62** |
| **All Physicians** | **126.0** | **134.6** | **141.3** | **148.6** | **158.7** | **155.3** | **4.27** |
| **Optometrists** | **57.7** | **63.6** | **65.3** | **69.7** | **66.0** | **72.0** | **4.53** |
| **Chiropractors** | **73.1** | **78.5** | **78.5** | **91.6** | **108.4** | **105.6** | **7.63** |

[1] Physicians are shown in specialties or family practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

Practitioners receiving $30,000 or more in MCIB payments during the year and practising in Saskatchewan under MCIB coverage at the end of the year.

[2] Represents gross payments, including retroactive payments, by the MCIB from which the practitioner must pay overhead costs which may be high in specialties such as Radiology and Pathology. The MCIB payment should not be taken to represent total professional income since practitioners may receive payment from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MCIB.

# Table 24
# Physician Payments by Specialty Group

| | Family Practitioners | | Medical Specialists[1] | | Surgical Specialists[1] | | Technical Specialists[1] | |
|---|---|---|---|---|---|---|---|---|
| | Number | Average Payment | Number | Average Payment | Number | Average Payment | Number | Average Payment |
| **A. By Resident Community:[2]** | | | | | | | | |
| Regina | 179 | 113.2 | 41 | 255.3 | 60 | 224.9 | 35 | 298.2 |
| Saskatoon[3] | 192 | 109.1 | 92 | 109.5 | 80 | 196.0 | 51 | 265.3 |
| Moose Jaw | 27 | 133.4 | 6 | 178.1 | 5 | 201.1 | – | – |
| Prince Albert | 44 | 147.0 | 7 | 204.1 | 7 | 174.4 | 2 | * |
| Yorkton | 19 | 150.8 | 2 | * | 3 | 234.2 | – | – |
| Swift Current | 16 | 186.1 | 2 | * | 4 | 156.3 | – | – |
| North Battleford | 24 | 141.5 | – | – | 3 | 223.8 | – | – |
| Estevan | 6 | 238.6 | – | – | 1 | * | – | – |
| Weyburn | 10 | 161.0 | – | – | – | – | – | – |
| All Other Locations | 261 | 143.2 | 2 | * | 4 | 112.9 | 1 | * |
| **B. By Activity Threshold:** | | | | | | | | |
| 1. Resident at Year End and No Change in Location During Year | | | | | | | | |
| ≥ $30,000 | 741 | 132.1 | 146 | 158.7 | 157 | 206.1 | 84 | 289.1 |
| ≥ $40,000 | 720 | 134.9 | 135 | 168.8 | 153 | 210.6 | 84 | 289.1 |
| 2. Resident Full Year | | | | | | | | |
| ≥ $30,000 | 727 | 133.7 | 147 | 159.6 | 161 | 207.7 | 83 | 296.5 |
| ≥ $40,000 | 708 | 136.4 | 136 | 169.7 | 158 | 211.0 | 83 | 296.5 |
| 3. Resident and Active in Two Consecutive Years | | | | | | | | |
| ≥ $30,000 | 681 | 137.5 | 133 | 170.8 | 161 | 207.5 | 75 | 305.5 |
| ≥ $40,000 | 665 | 140.0 | 127 | 177.2 | 158 | 210.8 | 75 | 305.5 |
| 4. Resident During Any Portion of the Year | | | | | | | | |
| ≥ $30,000 | 821 | 126.1 | 156 | 154.0 | 173 | 199.8 | 94 | 272.2 |
| ≥ $40,000 | 785 | 130.3 | 142 | 165.8 | 169 | 203.7 | 92 | 277.3 |
| 5. Person-Year Equivalents[4] | | | | | | | | |
| ≥ $30,000 | 787.3 | 131.5 | 153.7 | 156.3 | 170.2 | 203.1 | 90.3 | 283.3 |
| ≥ $40,000 | 759.7 | 134.6 | 140.8 | 167.2 | 166.4 | 206.9 | 89.8 | 284.1 |
| 6. Resident at Year End With Payments ≥$7,500 in Each Quarter of the Year | 659 | 142.6 | 129 | 175.7 | 154 | 215.0 | 78 | 311.3 |
| 7. Resident at Year End and Not in Teaching Institutions | 766 | 130.7 | 94 | 204.4 | 140 | 218.2 | 72 | 324.6 |
| **C. By Place of Graduation:[2]** | | | | | | | | |
| Saskatchewan | 266 | 127.2 | 31 | 158.6 | 45 | 215.7 | 34 | 203.7 |
| Canada, Other Than Saskatchewan | 99 | 105.9 | 40 | 122.1 | 46 | 184.9 | 17 | 452.5 |
| United Kingdom and Eire | 204 | 143.4 | 25 | 120.0 | 35 | 186.7 | 19 | 235.3 |
| Asia | 116 | 130.8 | 36 | 213.7 | 25 | 218.6 | 13 | 367.9 |
| Other Areas | 93 | 131.1 | 20 | 165.1 | 16 | 244.7 | 6 | 231.8 |
| **D. By Age Group:[2]** | | | | | | | | |
| Under 35 | 201 | 108.1 | 14 | 134.6 | 14 | 193.4 | 17 | 136.5 |
| 35 - 44 | 237 | 137.7 | 51 | 146.0 | 48 | 239.5 | 32 | 220.8 |
| 45 - 54 | 157 | 145.4 | 50 | 178.1 | 47 | 184.9 | 16 | 307.1 |
| 55 - 64 | 142 | 135.7 | 28 | 176.9 | 46 | 213.1 | 19 | 533.6 |
| 65+ | 41 | 109.8 | 9 | 67.7 | 12 | 119.2 | 5 | 165.2 |

[1] Physicians are grouped as follows:
- Medical Specialists include Paediatricians, Internists, Neurologists, Psychiatrists, Dermatologists, Physiatrists, and Medical Geneticists.
- Surgical Specialists include General Surgeons, Thoracic Surgeons, Orthopaedic Surgeons, Plastic and Reconstructive Surgeons, Neurological Surgeons, Obstetricians and Gynaecologists, Urological Surgeons, Ophthalmologists and Otolaryngologists.
- Technical Specialists include Anaesthetists, Pathologists and Diagnostic Radiologists.

[2] Physicians receiving $30,000 or more in MCIB payments during the year and practising in Saskatchewan at the end of the year.

[3] Includes physicians who practise out of teaching institutions. Average payments may reflect a downward bias as a result.

[4] Person-year equivalents are prorated on the number of months in practice.

* Not shown, to preserve confidentiality.